00-	death. Page 4 may be	the funeral director, page 3
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 (201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 Industrial death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled (it by the funeral director, page 3
DIVISIO	TO HOSPITAL OR ATTENDING PHYSICIAN The Interestained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this

BP. DHMH - 16 60M 7/ (VRA 15, 4)

	96			STATE OF MARYLAND	20104	
2	1.	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HYG	IENE	3 1 2
)	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 126 HOLLP
		CEASED NAME FIRST EINO	Johannes	AALIO	TO DATE OF BEATT	a
	2.00			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	15 86 3:55 M
-	3 SE	Male	Mhite	Det. 15, 1925		MONTHS DAYS HOURS MIN.
1	7. 9	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	Dec. 17, 1727	9 BALTIMORE CITY OR COUNTY	OF DEATH
1	70 81	COUNTRY Y.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY	MD.
	137	altimore		G HOME OR OTHER INSTITUTION  ACCRESSING  MARYLAND 21218	170 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF  Carpenter	126. KIND OF BUSINESS OR INDUSTRY
35	130 5	ALRESIDENCE IF NURS COUN STATE COUN		I 134. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 2764 Biggs Hw	
9	IA FA	ATHER'S NAME FIRS Werner A		15 MOTHER'S MAIDEN NAM	ME	LAST
2	160 V	VAS DECEASED EVER IN U.S. AR YES, NOORUNKNOWN) (IF YES GIV YES WW	MED FORCES? 166 SOCIAL SECU ME WAR OR DATES) 069 26	Committee of the Commit	7925 St. Iv	
		PART I. DEATH WAS CAUSE	nly one couse per lun for (o) (b), on D BY: TE CAUSE (o)	pulmorary a	rrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUI	end laine	to	
	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIV	EN IN PART 11a
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED SYING CAUSES OF DEATH?  S NO NO
G	CAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D.	AY YEAR 216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
/	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION STREET	CITY OR TOWN	COUNTY
	iù.		tal) attended the deceased from	JUNE 9 , 19 86 86 , and that in (nX (our) opinion of		19_86, that X (we) lost and from the causes stated
		226 SIGNATURE	ubeixel m	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR □ PHYSICIAN	22¢ DATE SIGNED
1		228 PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS		
1	23a E	BURIAL, CREMATION, REMOVAL	23b DATE 23c.1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		Cremation	6-19-86 R.	A. Ferris & Co	CITY OR TOWN	COUNTY STATE
84	24 FI		ral Home Nort		E REC D. BY REGISTRAR 75h REGIST	
			TAOTIO	II PAST. MA	INI O A MOC	seems was promoted the

6-24-86

Anatomy Board

MIDDLE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

CERTIFICATE OF DEATH

00-12065

FOR

- STATE

TYPE OR PRINTS

REGISTRAR

230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83

(VRA 15, 4)

Removal

L DECEASED NAME

Ms. Joyce	Hamlin	Yakima, Washington
DIC - RESPIRATOR	Y ARRE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ONSEQUENCE OF RIGHT	Empyz	mA
DNSEQUENCE OF		
TING TO DEATH BUT NOT RELATED TO THE TERMI		
R WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO
NTH DAY YEAR  19	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
RY OFFICE, FARM, ETC   21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
ed from 4-21- 19 86 19 86, and that in (my) (our) opinion d		2.2. 19 6, that (It (we) lost one and hour and from the couses stated
DEGREE  ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC	
R Luthere	an Hos	pilal
23c, NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
ADDRESS Balto., Md. 250 DATE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A HEIST ESTABLISHED THE

REG NO

MONTH

2b. HOUR

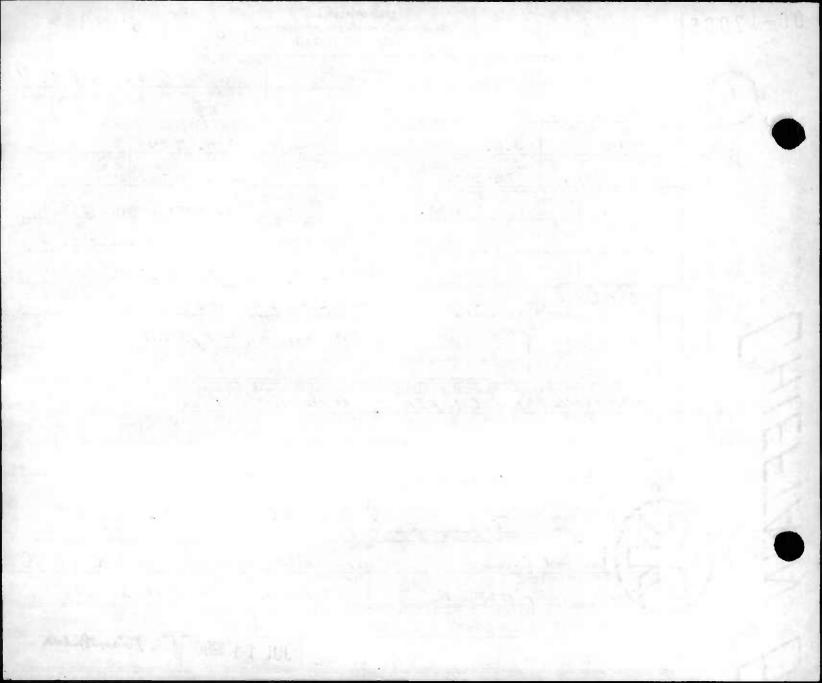
176 KIND OF BUSINESS OR

IF UNDER 24 HRS

IF UNDER TYEAR

McKittrick

20 DATE OF DEATH



BP. DHMH - 16 50M 4/82 (VRA 15, 4)

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1	6	5	1	
2	REG. NO.	100	3		

S	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENT ICATE OF DEAT		REG. NO.	0		
۷		CEASED NAME	FIRST	- 1	MIDDLE	1	AST	1	20. DATE OF DEATH MONT	H OAY /	YEAR 2b. HO	
	ITYPE	OR PRINT)	Melvi	'n	A.	Ad	lams		6	126/	86 9	DM.
	3. SEX	(		RACE	/ / ·	S. DATE C			6. AGE (IN YEARS LAST BIRTHDAY)			ER 24 HRS
		Male		W	hite	12.	8 19	EAR TO	66	YRS.	DAYS HOURS	MIN.
		RTHPLACE   STATE OF	FOREIGN 7	CITIZEN OF	WHAT COUNT	RY? 8.			9. BALTIMORE CITY OR CO		ATH	
1		ryland		U.S.	Α.	WIDOWE	NEVER MARRI		Baltimorg	2 CI+	W	MD.
1		TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITUTE		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. (	IND OF BUSIN	
	Bal	ltimore	/ F	rancis	Scott	REET ADDRESS)  Key Med	ical Cent	er	Mold Maker-Ma	aryland	Glass	Corp.
-	USUA	AL RESIDENCE (IF NURS	ING HOME OR O	THER INSTITUTION	GIVE RESIDENCE BE	FORE ADMISSION)						
7		rvland	Balti		Dunda		13d. INSIDE CITY LIV		130. STREET ADDRESS 1705 Holavies	w Rd.Ar	ot.A-4	21222
09		THER'S NAME					15. MOTHER'S MAI	1	E			
8	Jol	FIRST	M	DDLE	Ada	ms	Antoi	nette	WIDDLE	- 2	Zemansk:	i
7		VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	16b. SOCIAL SI		17. INFORMANT		ADDRESS			
4	No	(ES. NO OR UNKNOWN)	I IF YES, GIVE	WAR OR DATES)	218-1	8-2189	Jean D.	Adams	5	Same a	ıs 13e_	
		18 CAUSE OF DEAT	H (Enter only	ane couse per	line for (a), (b),	, and (c).)		1	1	81	APPROXIMATE INT	ERVAL ID DEATH
		PART I. DEATH W	AS CAUSED		Cardi	o mil u	wany	Arre	ext			
	Conditions, il ony, which (16) Lung Caucer we tastatic to bong											
									atic to bor	u		
	gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF											
		underlying couse	last.	(c)	K HO H CONOL	002110201						
	7	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN P	ART 110	
	CERTIFICATION	12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TION	LINE CONTO	TION FOR WILL	ICH OSERATIO	N WAS PERFORMED		20g. AUTOPSY?   20b.	IE VES \A/E DE	FINDINGS USI	FD.
	FICA	190. DATE OF OPERA	ION	196. COND	IIION FOR WH	ICH OPERATIO	N WAS PERFORMEL	-	IN IN	CERTIFYING C	AUSES OF DEA	ATH?
	RTI	210. ACCIDENT WAS UNI	DEBLYING 🖂	21b. TIME C	E INTITION		121, HOW IN IUDY	OCCUPPE	YES NO DE NO DE NO LE NOTE NO LE	YES	NO NO	
1		OR CONTRIBUTING		110000	M. MONTH	DAY YEAR	216.110W 11430K1	OCCURR	ED (ENTER NATURE OPINJURY IN II	EM IB PARI I ORP	'ARI 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDI			Μ.	19	211. LOCATION					
	MED	216 INJURY OCCUR		21e. PLACE	OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET		CITY OR TOWN	COU	YTML	STATE
		AT WORK AT WO	RK -			- / 1.		61	1101	- 67		
		220.1 certify that (1) saw the decease		il) ottended th	e deceosed Iro	0/		Ch.	eoth occurred on the dote or	19_00		(we) lost
4		abave, (I) (we) (	did) (did nat)		alter death.	, ur		оринон а	eoth occurred on the dole of			
ď		22b. SIGNATURE	C1.		110		DEGREE ATTEN	DING	MEDICAL STAFF	770	DATE SIGNED	,
1		22d PHYSICIAN'S N	ca org	uu	MO		PHYSI 22e. ADDRESS		DIRECTOR PHYSICIAN	<b>D</b>	0/66/0	6
		ZZO. PHYSICIAN S NZ	-				III. ADDRESS	11.01.1	261 1.	- E.11		21724
		LEI	A STEI				FSKMC	414	U Castella AV	4 Dalt	muony 1	イレ
	230 B	SURIAL, CREMATION, SPECIFY)	REMOVAL	23b. DATE			EMETERY OR CREM	ATORY	23d. LOCATION CITY OF TOWN	COUNT		STATE
		tombment		6/30/1		Loudon	Park	AF - D 4 = 5	Baltimore	and to media and a	Maryl	and
		INERAL DIRECTOR D		ick, In	C.	åryland	21222	ZSO DATE	REC'D. BY REGISTRAR 256. R	EGISTRAR'S S	IGNATURE 1	- ·
	79	22 Wise Av	renue	Dun	dalk, M	aryland	21222	425,40				

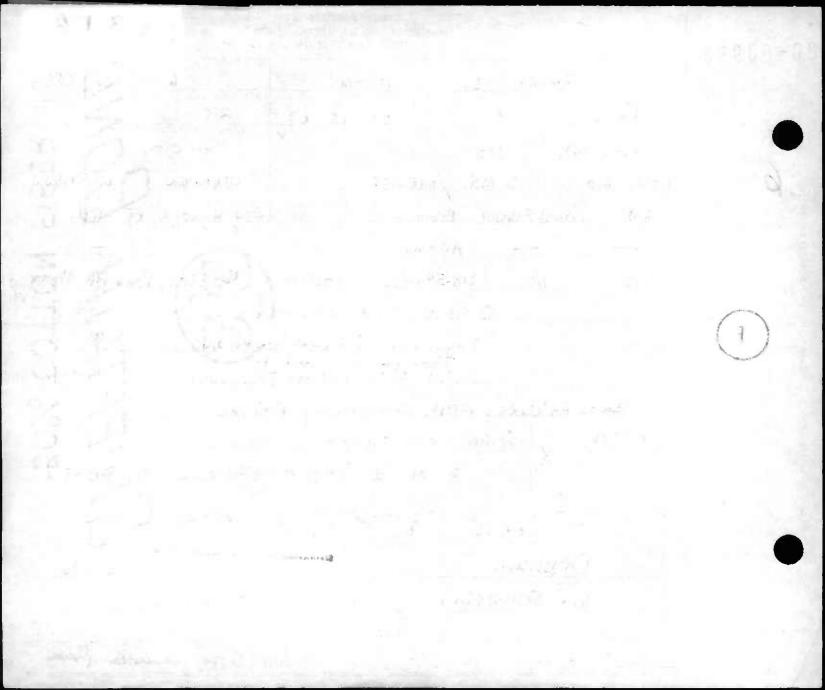
DHMH - 16 60M 7/B4

(VRA 15, 4)

00-08993

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR	DEI		EALTH AND MENTA		86 REG. NO.	163	16
	1. DEC	CEASED NAME FIRST	MIDDLE	L	TZA	20 DATE OF D		DAY YEAR	25 HOUR
		OR PRINT)	ara L.	A	DAMS		6	9 86	0850Am
	3 SEX		4 RACE	5. DATE C		6 AGE (IN YEAR		MONTHS DAYS	IF UNDER 24 HRS
9:1	/	TEMALE	WHITE	0:		3 2	3 YRS		MIN.
6		RTHPLACE (STATE OR FOREIGN	16 CITIZEN OF WHAT COUR	MARRIE	NEVER MARRIE	D 200	CITY OR COUNTY	OF DEATH	
	ID CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWE				126 KIND OF	MD. F BUSINESS OR
1		bott. Md.	U. M. GIVE	MIEMS			OP MAST OF WORKING LIF	COIL	egewin
5	13a S		OTHER INSTITUTION, GIVE RESIDENCE  13(. CITY OF	E BEFORE ADMISSION) R TOWN SAOSNA	13d. INSIDE CITY LIM	7 /20 11	DRESS / ZIP CODE	PT TR	122
13					15. MOTHER'S MAID	ENNAME		, , , ,	
0	G	ordon. J	MIDDLE LA	ams	Curtis	ene	WIDDLE	Rexro	d o
0		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	L SECURITY NO.	17. INFORMANT		ADDRESS	HGAL O	16
4	/ (Y	(ES, NO OR UNKNOWN)   IF YES, GIV	NO 218-5	54-2860	L. KASTE	W 156	3 LONG P		PASAGEN
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D DV		433		and the same of th		NATE INTERVAL
	7		TE CAUSE 10) CHIENT	145 EDEA	HEMOM	urage		100	days
		Canditians, if any, which	DUE TO, OR AS A CON	SEQUENCE OF	& BRAIN	CONTUSIO	NS	100	days
		gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSCIONATION CHILT  CHILT  CHILT  CHILT  CHILT  CHILT  CONSCIONATION  CHILT  CHILT  CONSCIONATION  CHILT  CHILT  CHILT  CHILT  CONSCIONATION  CHILT  CHILT  CONSCIONATION  CHILT  CHI							
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO THE			EN IN PART 110	
	CERTIFICATION	REWAZ FA	LURE, AR	OS RESP	IRATORY	FAILURE			
?	FICA	6-1-86	196 CONDITION FOR W		4-	20a AUTOPS	IN CERTIF	, WERE FINDING YING CAUSES O	GS USED OF DEATH?
_	ERTI	71a. ACCIDENT WAS UNDERLYING	SSUSING LI	IVELL T	MINING -	-	YO YE		NO 🗍
-	AL C	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	7.4	CCURRED (ENTERNATUR	-	ART I OR PART 2)	(
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	21e PLACE OF INJURY	3 198	211 LOCATION	A MOTORCE	CCE (E	oy kero	PRI )
	WE	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, C	OFFICE FARM, ETC.)	STREET		CITY OR TOWN	TINUO	STATE
		22a.1 certify that (1) This beauti	road	from 5-31-	Ritchie	Highway W	100 12		Arundel
		-	t) view the bady after death.	19 <b>86</b> , an		ojpiga death och	the gorefold All	And from the co	101 (110) 100
X		22b. SIGNATURE	New the bady after death.	1	DEGREE CONTEST	TION APPROVED BY M		22c. DATE S	
_		Och	klus.		FILISIC	ING MEDICAL	PHYSICIAN PHYSICIAN	6-9.	-86.
		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS		0		
-	23c P	URIAL, CREMATION, REMOVAL	SCHEGGE MO		22 5 GA	SENE ST.	BOT M	0	
	~ (	Specify Cemation				CITY OR	TOWN	COUNTY	STATE
		INERAL DIRECTOR	110 June 86	Doca	125	cess Cato	SISTRAR 256. REGIST	RAR'S SIGNATU	MD'
	7	IAMES S KIR	WIE W	NESS BURI	MIE		186 Julia D	avidson-19	indette



ITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be
---

1	1-	FOR - STATE	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 6 3 1 / CERTIFICATE OF DEATH									
4		REGISTRAR		1115				REG. NO				
		CEASED NAME FIRST	10	MODLE	AD	DISON			1986	YE AR	26 HOUR	
1	0.000	WILL	10	2.	5. DATE C			AGE (IN YEARS LAST BIR		UNDER I YEAR	11:01 M	
	3. SEX	M	4. RACE	В	MONTH 2	DAY Y	EAR	60		VIHS DAYS	HOURS MIN.	
-		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	WHAT COUNT	RY? 8 MARRIEI	NEVER MARRI	ED 7	BALTIMORE CITY O		FDEATH		
1		COUNTRY)	USA.		WIDOWE	D DIVORC	ED 🗌	BALTIMORE			MD.	
2		ITY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE ST		PROTHER INSTITUTI		20 USUAL OCCUPATE (TYPE OF WORK FOR MOST O BETH—STEEL	F WORKING LIFE)	INDUSTRY	MILL MILL	
2	13a S	AL RESIDENCE (IF NURSING HOME OF STATE IARYLAND		GIVE RESIDENCE BE 131. CITY OR T BALTI	OWN	13d. INSIDE CITY LIV YES X NO		36 STREET ADDRESS / 2514 E. FE		STREET	21213	
	14 FA	ATHER'S NAME PINK FIRST	MIDDLE	ADDI	SON	15 MOTHER'S MAIL FIRST TREN	DEN NAME			LAS	THE STATE OF	
-	16n V	WAS DECEASED EVER IN U.S. AR		166 SOCIAL S		17. INFORMANT		ADDRE	SS	Picc	TITIVION	
1	(4	YES NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	72605	5902	LUCILLE	PINDE	R 5939 ST	.REGIS	RD. 2	21206	
9		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY.  CARDIORESPIRATORY ARREST							BETWEEN	IMATE INTERVAL ONSET AND DEATH		
			E CAUSE (0)	CARDI	LOKESF	LIGITORI	211(1(1)	-				
î		Conditions, if ony, which (DDE TO. OR AS A CONSEQUENCE OF POSSIBLE ACUTE MYOCARDIAL INFARCTION										
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF									
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING	TO DEATH BUT	NOT RELATED TO T	HE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED	)	20a AUTOPSY?	20b. IF YES, V			
7	RTIFIC	JUNE 2, 198		CINOMA	A ESO	PHAGUS		YES NO	YES		OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	1 OR PART ?)		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE			211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE	
		In I certify that In this has a saw the deceased alive on	JUNE	degrased fre	JUNE	1, 19	86	to JUNE	7 . 10		that 🐠 (we) last	
8		175 SIGNATURE				DEGREE	Springs, see	WHI ESCHITEG OIL THE SE	11. 0110 11001 0	122. DATE		
			m	WH	ay	MD ATTEN	CIAN []	MEDICAL STAI	IAN DE	6-7		
		GOPAC	GUR	usa	Ang	100 N.		HOSP <b>ITA</b> dway B	L CORE		1231	
	- 6	burial, cremation, removal (SPECIFY) BURIAL	236 DATE 6-12-			ON FOREST	ATORY	23d LOCATION CITY OF TOWN OWING M	ILLS	COUNTY MA	RYLAND	
		UNERAL DIRECTOR	0-12-	00	CL MACADO		25a. DATE I	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE	
	W	M.C.MARCH F/H I	NC. 1101	E.NOR	TH AVEN	UE	101	111 1986	guna Da	vidoon-v	panaeur	

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH DECEASED NAME FIRST MONTH TTYPE OR PRINTS 4 RACE 3 SEX (IN YEARS LAST BIRTHDAY) MONTH YEAR 2 12 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED SALESMAN 13d INSIDE CITY LIMITS? ISTERSTOWN FATHER'S NAME MORRIS 160 WAS DECEASED EVER IN U.S. ARMED FORCES NO 18 CAUSE OF DEATH (Enter only one cause per line for to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse CERTIFICATION W DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY NOF Mental Hygi 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) STREET WHILE NOT WHILE 220 | certify that (1) (this haspital) attended the deceased from. 1986 sow the deceased alive on. above, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE MEDICAL ATTENDING ould be deta DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS

FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

130 STREET ADDRESS / ZIR CODE 201 Sacred Heart La. SUROSKY Mildred Addleman 201 Sacred Heart TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) opinion death accurred an the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN [ Chizok Amuno ALTIMORE MD

26. HOUR

FURNITURE

DAY

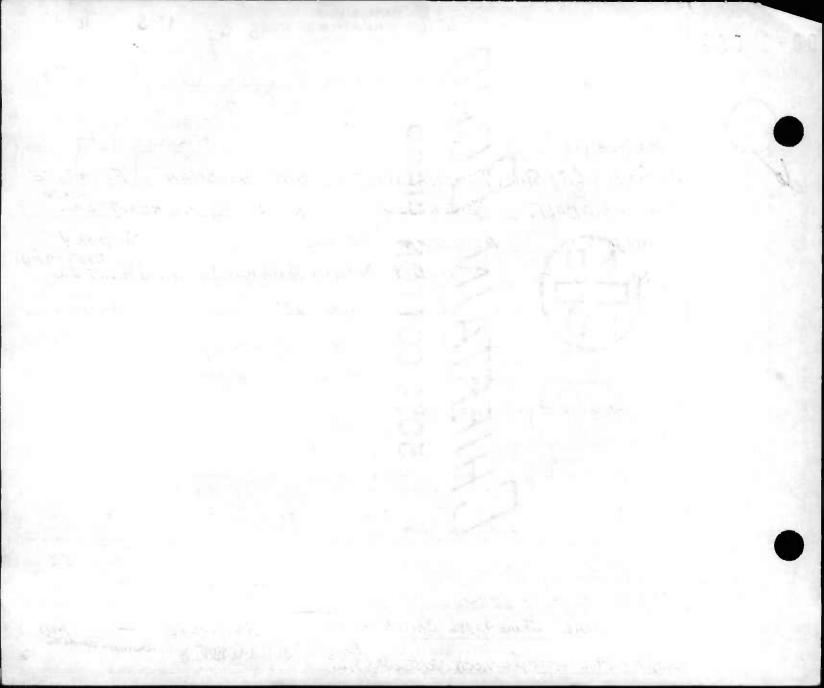
8 IF UNDER TYEAR

YEAR

13k KIND OF

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

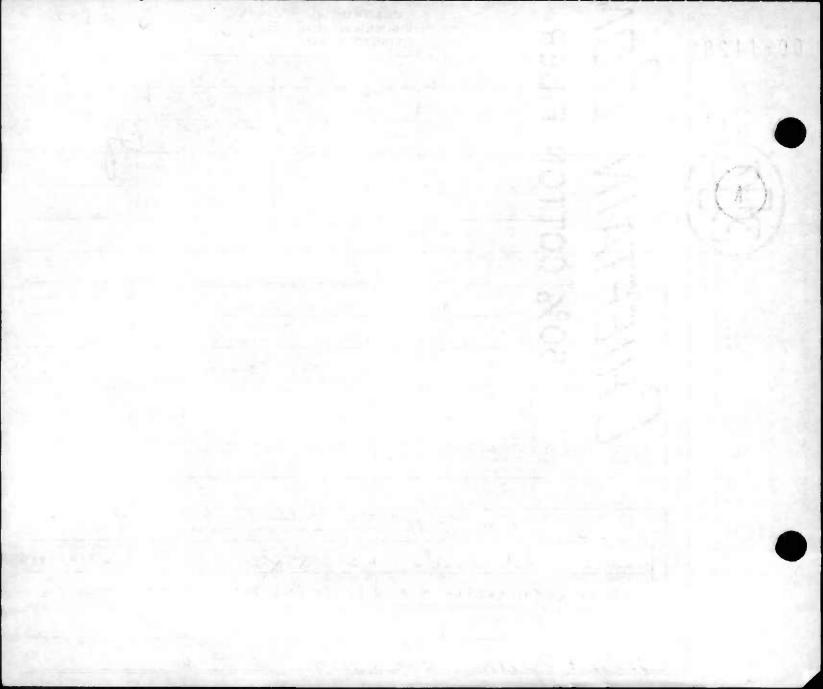


(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0
CERTIFICATE OF DEATH	

1	6	3	3	1

-1129	1	FOR - STATE REGISTRAR	DEPAR		FICATE OF DEATH	IENES O	0.	
1120		CEASED NAME FIRST	MIDDLE		(AST	20 DATE OF DEATH		2b HOUR
3 3 e	{TYP	E OR PRINT)	olo Nicholas	0.1.		June	29 1986	6 2:00 Pm.
A DOOR	3. SE	<u>Pasqu</u>	ale Nicholas		DF BIRTH	6 AGE IIN YEARS LAST BIR		
1 10 15		Male	White	May		61	YRS.	S HOURS MIN.
2 1 V	7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED		R COUNTY OF DEATH	
1 1 (2)	N	ew Jersev	II.S.A.	WIDOW		Baltimo	re (ta)	MD.
24		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON DE WORKING LIFE) INDUSTRI	OF BUSINESS OR
		altimore	6438 0 Donn	ell A	r	Supervise	or Owe	ns, Ill.
(1)	13a.	rvland -		WN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	zip code onnell St	21224
4 45 1		ATHER'S NAME		more_	15 MOTHER'S MAIDEN NAM			21224
1 13	1.1	oseppi	Alamo		FIRST	WIDDLE	Unkno	AST D.W.D
0 0	160	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SEC		Bruna 17 INFORMANT	ADDRE		1224
Poge Medi		YES, NO OR UNKNOWN) (IF YES, GI	I I 147-12	-021/	Sandera A	lampi 6/3		
cion cion ers.	-		inly ane cause per line far (a), (b), a		Januera A.	Lampi 647		DXIMATE INTERVAL N ONSET AND DEATH
hysiophysion population populatio	1	PART I. DEATH WAS CAUS	ED BY:		TO CALDIAL I	KFARLTION		N ONSET AND DEATH
ng p bon		IMMEDIA	(TE CAUSE (a)			1,412,4		
endi n, o mot		G 80 W	DUE TO, OR AS A CONSEO		ARTERY OC	CLUSION		
a off	100	Conditions, if any, which gave rise to immediate	(b) C+1.	NAN(	AUCCIN DC	CLUXION		
y the		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ		48001	DISEASE	1700	
tho de by de	10			SCHE				
signe hen p o bui	z		CONDITIONS CONTRIBUTING TO	Pul MA			DITION GIVEN IN PART	10
ior tin	CATION	19a DATE OF OPERATION	19b. CONDITION FOR WHIC			20a AUTOPSY?	20b. IF YES, WERE FIND	INGSTISED
low low berm low vs or v	1 2	THE DATE OF GLERAFICIT	174 CONDITION ON WITH	TO EKATIC	NAS PERI ORNED		IN CERTIFYING CAUSE	ES OF DEATH?
The his part of the his part o	CERTIFI	210 ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		Tal- How Millipy occurs	YES NO	YES 🗌	но 🗌
shys trock	//	OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21¢ HOW INJURY OCCURR	ED LENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART ?)	
SICI ng I cert cert cert cert iento	\S_	(IF EITHER NOTIFY MEDICAL EXAMINE		19				
this this od w	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC )	211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
offer of the orke	-	AT WORK NOT WHILE AT WORK					<u></u>	
NO. I or I o			oital) attended the deceased from		19 75		29 19 86	, that (I) (🖦) last
TTE porto prito TTO for of h		saw the deceased alive or above, (I) (we) (did no	n 6 - 24 19. at) view the body alter death.	\$6_,0	nd that in (my) (eer) apinion o	death accurred an the de	ote and hour and fram th	e couses stated
hos hed hed ept.	100	220 SIGNATURE	1 L	0	DEGREE			TE SIGNED
the the Date of th	1.8	Yough s.	Notarance	No.	M. S. ATTENDING PHYSICIAN	MEDICAL STAI	IAN 6	-30-1986
AN Sto		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			AND THE
O HOSPITAL eloined by 1 TO FUNERAL should be de with the Stott		JOSEPH D. N.	OMARAKEELO	, کے، ہم	301 ST. PAUL	. PLACE. B	ALTINOALMS	21202
0 % 5 % W W W		BURIAL, CREMATION, REMOVA	L 23b DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		Burial	July 21986 9	Sacre	d Heart of 3		Baltimore	
DHMH 14 1011 7/0:	24 F	UNERAL DIRECTOR		1901			25b. REGISTRAR'S SIGNA	
DHMH - 16 60M 7/B4		NAME OO	ADDRESS		30	1 1000	1	-



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			EKTIFICATE OF DE	АГП	REG. NO		
	IR\$1	MIDDLE	LAST	12	a DATE OF DEATH	MONTH DAY YEA	R 26 HOUR
(TYPE OR PRINT) Est	her M.	Alban			June 15,		M
3 SEX	4. RACE	5.	DATE OF BIRTH		AGE (IN YEARS LAST BIRT		EAR IF UNDER 24 HRS
Female	Whit		May 20, 190		81	YRS	
To BIRTHPLACE (STATE OF FORE		WHAT COUNTRY?	MARRIED NEVER MA	ARRIED 7	BALTIMORE CITY OF		1
Maryland	U.S.	A.	VIDOWED X DIVO	DRCED	Baltimo	re City	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME OR OTHER INSTIT	UTION I	20 USUAL OCCUPATION	WORKING LIFE) INDUST	ID OF BUSINESS OR
Baltimore		Roland Av			Homemaker	11003	K,
USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	VIIMITCO II	2- STREET ADDRESS /	7IP CODE	
Maryland 13th	COUNT	Baltimor	e YES X	10 []	3707 Roland	Avenue	21211
14 FATHER'S NAME		LAST	15. MOTHER'S A	MAIDEN NAME			
Frank	Carrigo	CASI	FIR	Hester	Wright		LAST
160 WAS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURIT		T	ADDRE:	210	53
NO OR UNKNOWN)	F TES GIVE WAR ON DATES!	215 01 59	62 Robert	Alban	2464 Ruhl I	Road. Free	lands. Md
18 CAUSE OF DEATH (	inter only one cause per	tine for the the and to			Name of the last		ROXIMATE INTERVAL
PART I. DEATH WAS	CAUSED BY:	Ichom	ic hond	s. t n	(1sea8)		Vonhe
IM.	MEDIATE CAUSE (a)	301/01/1	o new	, 0	4 3 6000		1 E W L
A CONTRACTOR		R AS A CONSEQUENCE	E OF			- 1	
Conditions, if any, w							
couse (o), stoting	the DUETO, O	R AS A CONSEQUENC	CE OF				
underlying cause	ast.						
PART 2 OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTING TO DEA	ATH BUT NOT RELATED T	O THE TERMIN	IAL DISEASE OR COND	ITION GIVEN IN PAR	1 l a
190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL IN INJURY OCCURRED	eztens1	00 -1	fortic Vs	2/VIL	lan de	serse	
190 DATE OF OPERATIO	N 19b. COND	ITION FOR WHICH OP	ERATION WAS PERFOR	MED	20a AUTOPSY?	206 IF YES, WERE FIN	
된					YES NO NO	IN CERTIFYING CAU	SES OF DEATH?
21g. ACCIDENT WAS UNDERLY	TING TO 216. TIME C	F IN ILIRY	121r HOW IN II	JRY OCCURRE		IN ITEM 18 PART I OR PART	
OR CONTRIBUTING CAUS	LI LIGHTS A	M. MONTH DAY		JKI OCCORRE	D LEWIER WATORS OF MOOR	THE THE PART TOR PART	41
I IF EITHER NOTIFY MEDICAL		M.	19				
21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FARM	211 LOCATION	1	CITY OF TOV	OUNTY	STATE
WHILE NOT WHILE					41		
220.1 certify that (I) (th	s hospital) attended th	e deceased from	July	19 78	. 10 Ann	19.86	2., that (I) (we) last
saw the deceased o	live an JUNE	19 8	ond there in (my) (	opinian de	oth occurred an the da	te and hour and from	the causes stated
77b. SIGNATURE	(did nat) view the bady	after death.	DEGREE			22c. D	ATE SIGNED
	my	Sie	AT	TENDING	MEDICAL STAF	6.	-17-86
AAA BUWALALANIA ALAAA	1	1		YSICIAN X	DIRECTOR PHYSIC	AN	7. 0.6
27d. PHYSICIAN'S NAME	1/		27e ADDRESS	Ibadana		D-1	
Dr. Evange	los Lignos				rsity Pkwy	Baltimo	)re
23a. BURIAL, CREMATION, REA	AOVAL 23b. DATE	23c. NA	NE OF CEMETERY OR CR	EMATORY	23d. LOCATION	N. C.	STATE
Bürial	06/19/	86 Balt	imore Nation	nal	Baltimor	e, Marylan	d
24 FUNERAL DIRECTOR				25g. DATE	REC'D. BY REGISTRAR	Sh REGISTRAR'S SIG	NATURE

Burgee-Henss Funeral Home, Balto., Md 21211

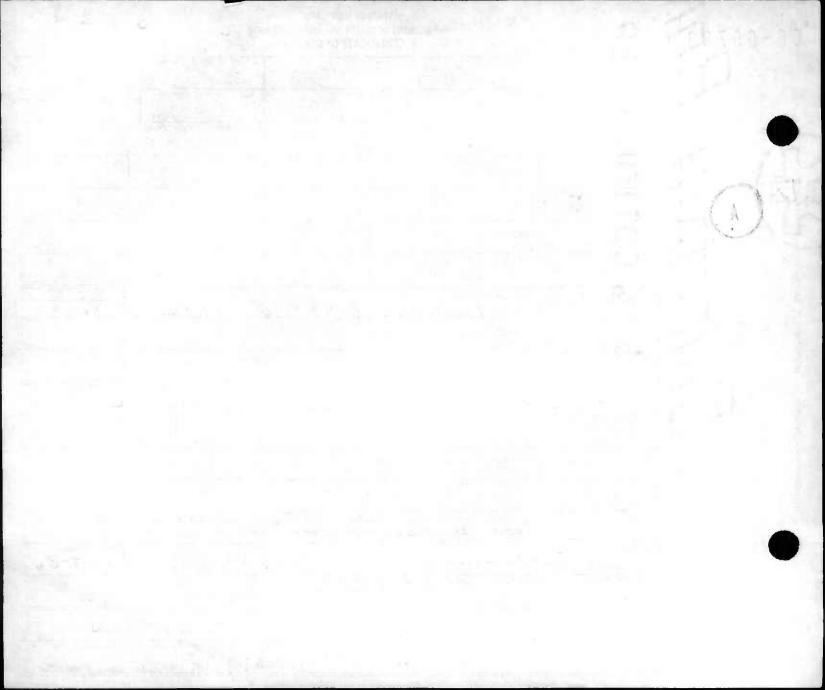
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic

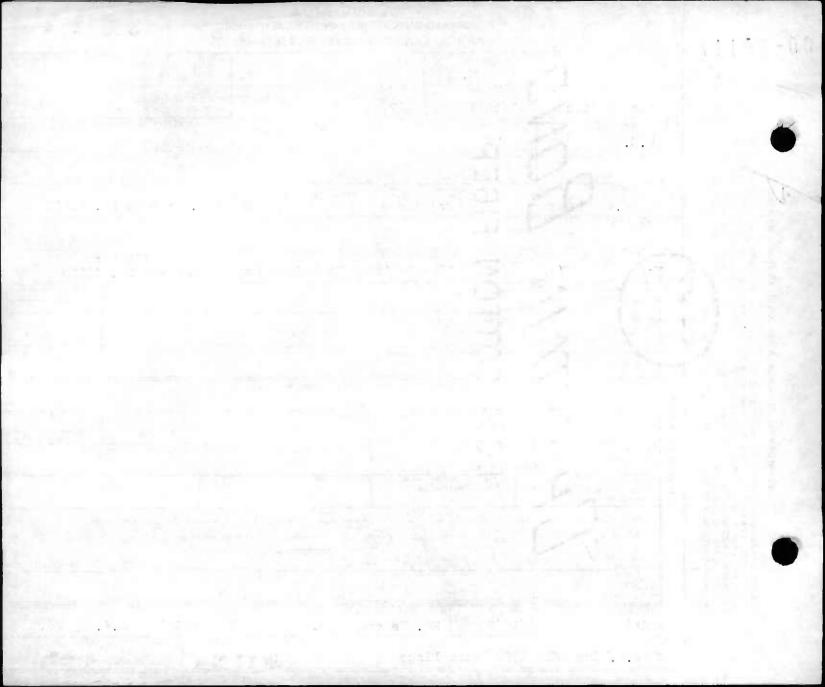
IMPORTANT: If them 21 is marked or them 18 shows any



DHMH - 16 60M 7/84 (VRA 15, 4)

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7/	*SEEK		Male	Baa	ck	12/18/33	I EAR	52 Y	RS. MON	HS DAYS	HOURS	MIN P	RONOUNC DEAD	ED	6-5	198	36 11:4
-	PRESAL PRESAL PRESE	70 BI	RTHPLACE (S	IATE OR	3-6	76 CITIZEN OF WH	AT COU	VTRY?	8 MARE	IED IN	EVER MARR	IED -9	BALTIMO	RE CITY O	R COUNTY	OF DEAT	Н
•			N.C.		-	USA				VED	DIVOR				City		M
	S WWW	10. C	TY OR TOWN	OF DEATH	4	11. NAME OF HOSP (IF NOT IN SUCH FAC	ILITY, GIVE	JRSING HOM STREET ADDRESS)	E, OR OTI	HER INSTITU	JTION		AL OCCUPA OST OF WORK!		OF WORK 121	OR IND	F BUSINESS DUSTRY
1	JOS HO		Baltimo			1043 W.	Fave	tte St	., 1:	st. flo	or						
V	AND THE PROPERTY OF THE PROPER	13u. S	Md.	(IF IN NURSI	b. COUNT	OTHER INSTITUTION, GIVE	13c. CITY Bal	e before admiss Y OR TOWN Ltimore	ION)	13d. INSIDE	CITY LIMITS?	13e STRE	ADDRES W.	§ Fayet	te St	. 21:	223
E-Juo		14. F/	ATHER'S NAME FIRST		?	MIDOLE	a h	LAST		15 MOTH	FIRST	EN NAME	? ***			LAST	
0	EADWA /	16e. V	VAS DECEASEL	D EVER IN	U.S. ARM	ED FORCES?		CIAL SECURIT		17. INFOR				ADDRESS	12 We:	st	
MLT	MATTER AFT		Yes		5/53~	- 4/55	239	-52-92	83	Katha	aleen	Scott	Lo	mbard	St.	21223	3
RECORDS, 201 W. PRESTON ST	E EXECUTED WITHIN 24 HO DING" IN PENCIL IN ITEM I DING" IN PENCIL IN ITEM I A BURIAL "TRANSIT PERM ITHAND MENTAL HYGIENE EMATION, OR REMOVAL.	z	Condition gove ris couse (a) lying cou	ns, if any se to im stating th se last.	r, which nmediate ne <u>under</u> -	BY: CAUSE (a) DUE TO, OR A  (b) DUE TO, OR A  (c)  ONTRIBUTING TO OEATH BI	AS A COP	NSEQUENCE	OF OF MINAL DISEA		DN GIVEN IN PA	RT 1 (o).				BETWEEN	ONSET AND DEATH
REC	MEN WEN WEN WEN WEN WEN WEN WEN WEN WEN W	18	190. DATE OF	OPERATE	ON	19b. CONDITI		betes			DAAED2					20 41170	DCMO
VITAL	SHOULD CHIEF A CHIEF A TOF HEA SURIAL, O	RTIFICA				0.3		Willeriore						2 5			only)
0	THE W	MEDICAL CERTIFICATION	21a EXTERNA UNDERLYING CONTRIBUTION	OR	-	21b. TIME OF HOUR A.M. P.M.		DAY YEA	R 21c. H	OW INJURY	Y OCCURRE	D (ENTER NA	TURE OF INJUR	RY IN ITEM 18 P.	ART 1 OR PART 2		Test
DIVISION	THIS CERT WRITING WARDED PAGE 3 SH TATE DEPA	MEDI	21d. INJURY C	NOT WI	HILE	21e PLACE O STREET, FACTO	ORY, FARM, E	ETC.)		CATION			CITY OR TOWN	٧	COUNT	1	STATE
•	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE EXECUTE THE CERTIFICATE. WRITING THE WORD."PENDING" IN PAGE 4 S SHOULD BE FORWARDED TO THE CHIEF MEDICAL EX- TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURBAL AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MI BALTIMORE, MARYLAND, 21201 PRIOR TO BURBAL		220 I centri deoth results SIGNATURE EXAMINER'S (TYPE OR PRIM	by that I fo	Natura Mutura	of the remains described to the remains descri	ykidem My	In th	Autop neitle	Assi	stant	Undeter	Inquiry [mined man	iner .	DATE SIGNED.		
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o.B	URIAL, CREMA					NAME OF CE	METERY C			1234 100	ATION				
07/84	BP	В	urial			6/10/86	M	ld. Vet	eran	Cem.	134	Cr	ownsv	ille	A.A.	,	Md.
25M	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		FSPA	1300 Eut	aw P	lace			250. DATE	REC'D. BY R		256 REGIS	TRAR'S SIGI		ATTL.



within 24 hours ofte

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and should be detached for use as the buriol-transit permit. Then please remove carbonoppers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	STATE REGISTRAR	VI ANIM	CERTIFIC	ATE OF DEATH	8 b	10	0 6	9
		CEASED NAME FIRST ALLEN	V Z	A	405	6 - 20 - /	19 FE	YEAR	L:00 PM
1	3. (SEX	Thale !	Ir hete	S. DATE OF	7- 01/92 YEAR	6. AGE (IN YEARS LAST BIRTH	YRS.	UNDER I YEAR	HOURS MIN.
5	16	multipeanea	CHIZEN OF WHAT COUNTRY?	8 MARRIED WIDOWED	DIVORCED [	9 BALTIMORE CITY OR	Inn	e t	acts, MD.
horified	3	Alten no	1. NAME OF HOSPITAL, NURSING	eletr	4ne. 21223.	Super of Work for Most of	WORKING LIFE)	Nar.	e house
er must be	13a. Ş	had. In count	OTHER INSTITUTION, GIVE RESIDENCE BEFORE A	6	SI. INSIDE CITY LIMITS? YES NO	122 8. 6	ZIP CODE acroel	eton 1	que.
of examin	1		MED FORCES? 166. SOCIAL SECUR		GALLE 7 INEORMANT	MIDDLE ADDRES	3	ell'	222
he medic		YES, NOOR WINKNOWN) (IF YES, GIVE	WAR OR DATES) 319-10-16	98	Soker an	کے دور رص	' Car	rollto	AATE INTERVAL NOSET AND DEATH
c event, 1		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE			ACREST		ш	Marvi	-
traumot		Conditions, if ony, which gove rise to immediate		Mycc	usial Infor	Wion		MINITE	es-Hours
or other		couse (a), stating the underlying couse lost.		og Isch	enic HEATT 1		TION CRIES	Yes	
injury.	NOIL	Chronic Obst	weter Pulmanary	Disco	re			5 183	
Soms out	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	YES NO		WERE FINDIN NG CAUSES	
tem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IN ITEM 18 PART	I OR PART 2)	
rked or	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA		2 If LOCATION STREET	CITY OR TOV	/N	COUNTY	STATE
21 is mo		220 I certify that (I) (this hospite sow the deceosed alive on obove, (I) (we) (did) (did not	al) attended the deceased from  JNE 19  19  19  19	July lo , and	that in (my) (our) opinion	death occurred on the da	,	ind from the c	
IT. If hem	1	Davida. 1	leyerson M	.D.		MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗌	6-2	
PORTAN		DAVID A. MEY	ERSON, M.D.		22 So. Green	NE STREET	Bal	LT, MI	10616.
2	234.3	BUHAL, CHEMATION, REMOVAL	6-23-1986 6	100	Hell Gom	Bhly D	L. a	C. C. C.	neal.
A 7/84	17	ling Gover	In Inc. ADDRESS	Hell	en It	TE REC'D. BY REGISTRAR!	JSb. REGISTRA	kr's signati	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

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Maria Maria		
San Carried		

(VRA 15, 4)

L. S. C. L. D. C. C. STORY IN THE STANDARD SHOWN THE PROPERTY AND CONTRACTOR OF THE STATE OF MAN S ERE LAND WILLIAM S E LAND

9007	1-	STATE REGISTRAR			DEPA	CERTIF	ICATE OF DEATH	GIENS 6	0	₩ £	-
	I, DE	CE ASED 1 AN E	FIRST		WIDDLE		LAST		MONTH DA	Y YEAR 2b	HOUR
10 mm			CONR	AD	JOSEPH	H .	AMRHEIN	JUNE 8,	1986		M
12	3. SE	X.		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR			UNDER 24 HRS
1		MALE		WHIT	E	AUG	. 17 1924	61	YRS.		
10 D	70. BI	RTHPLACE (STATE OR FO	DREIGN )	b. CITIZEN OF		RY? 8 MARRIE	D X NEVER MARRIED	9 BALTIMORE CITY			
-	1	MD.		U.S.		WIDOWI		BALTI			MD
1 1//	14. C	TY OR TOWN OF DEAT			HOSPITAL, NU THEACILITY, GIVE S		OR OTHER INSTITUTION	120. USUAL OCCUPAT:		12b KIND OF BU	JSINESS OR
194	1	BALTIMOR					OSPITAL	POLICEM	AN	BALTIM	ORE C
300	USU.	AL RESIDENCE (IF NURSIN	13b COUN		13c CITY OR 1	IOWN	134. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE		
3-3-	1	MD.			BALTIN	MORE	YES NO	3861 LY	NDALE	AVE. 2	1213
25	14. FA	ATHER'S NAME FIRST	N	AIDDLE	LAST		15. MOTHER'S MAIDEN N	AME		LAST	
		JOHN		В.	AMRH!		SUSAN			AMEN	D
deco		VAS DECEASED EVER IT		WAR OR DATES		ECURITY NO.	17 INFORMANT	ADDRI			ME
1/		YES	WW :	II	212-2	20-013	<b>GEORGIAN</b>	NA AMRHEIN	(WIFE		
N.		18 CAUSE OF DEATH	Enter only	y ane couse per	line far to 1, 1b					BET WEEN ONSE	T AND DEATH
that .	10	PART I. DEATH WA		CAUSE (o)	ACUTO	= Mye	CARDIAL IN	FARCTION		IH	OUR
1		Britani II Bri		DUE TO, O	R AS A CONSE	OUENCE OF					
1000		Conditions, if ony, gove rise to imme		( (b)_	HYPER	ENSIVE	ANTEMOSCL	EROTIC HEAR	T DIS	2041	TARS
2111		cause (a), stating underlying cause	the	DUE TO, O	R AS A CONSE	OUENCE OF					
0.00	10			( (c)							
o bury.	Z	PART 2 OTHER SIGN	FICANT C	onditions <u>c</u> i	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	V IN PART 1:0	
prior t	CERTIFICATION	19a DATE OF OPERATE	ON	195 COND	ITION FOR WE	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	T20b. IF YES.	WERE FINDINGS	LISED
0 0 0	E.							YES NOT		NG CAUSES OF	
Hygren 18 show	HE HE	21g. ACCIDENT WAS UNDE	RLYING	21b. TIME C	F INJURY		121c HOW INJURY OCCU	RRED (ENTER NATURE OF INJU			о П
TO E		OR CONTRIBUTING CA			M. MONTH	DAY YEAR					
Aen Men	MEDICAL	(IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE			OF INJURY	19	211 LOCATION				
puo	N.	WHILE NOT WHILE	E 📄	TAT HOME ST	REET, FACTORY, OF	FICE, FARM. ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE
mort		22a.   certify that (1) (		al) ottended th	e deceased fro	m AUGU	5r 10 82	to U UNE	10	86 that	(1) formulast
of He so	15	sow the deceased	alive on_	MUNONI	4 7	9 86 .0	nd that in (my) (ton) apinia		ote and have a		
ept. ept.		22b. SIGNATURE	d) (did not	view the body	ofter death.		DEGREE			22c DATE SIG	NED
0 0 <u>=</u>		Condlin	11.1.	Lun	· lan	1 "	ATTENDING PHYSICIAN	MEDICAL STA	FF TAN T	06-10	-86
Stot	1	22d. PHYSICIAN'S NA	ME DYPE OR	PRINT	ceed by cu	alls.	22e ADDRESS	DIKECTOR PHISK	- IAIT	10010	001
should be det with the Stote IMPORTANT:		DR. A	. LOV	WANDOW	SKI		120 Siste	er Pierre l	Drive,	Suite	207
s s <u>&lt;</u>	230 E	BURIAL, CREMATION, R	EMOVAL	23b. DATE			EMETERY OR CREMATORY	CITY OR TOWN		COUNTY	STATE
P		BURIAL		6/11/	86	HOLY ]	REDEEMER	BALT	IMORE		MD.

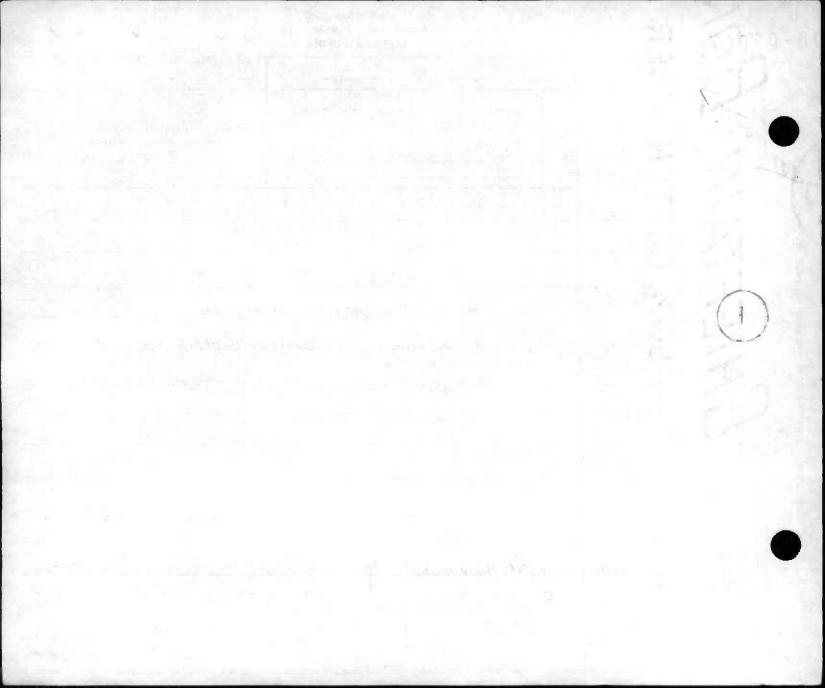
FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

AMEND SAME **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SIVEN IN PART 110 YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES [] B PART I OR PART 21 COUNTY STATE . 19 86 , that (1) (we) last iour and from the couses stated 22c DATE SIGNED 06-10-86: re, Suite 207 HOLY REDEEMER BALTIMORE MD. 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 3331 Brehms Lane, Balto. Md. 21213

BALTIMORE CITY



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	R.ATTENDING PHYSICIAN: The low requires that the death certificative byspiral or otherwing physician.
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ne funeral director. p

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME FIRST 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 24, 1986 1:30A JUNE ANDERSON SOLOMON D. 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH 17 10 68 To. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED A NEVER MARRIED BALTIMORE CITY WIDOWED MD. 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (1YPE OF WORK FOR MOST OF WORKING LIFE) THE JOHNS HOPKINS HOSPITAL AMSTAR-SUGAR BALTIMORE JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 2322 EAST BIDDLE STREET MARYLAND BALTTMORE YES X NOF 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST JOHN ANDERSON MARY WRIGHT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) NO 224149055 2322 EAST BIDDLE STREET 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY 30 minute IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 0 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) ed WHILE NOT WHILE AT WORK 6/20 220.1 certify that () (this hospital) attended the deceased from sow the deceosed olive on 6/24 obove (1) (we) (did not) view the body ofter deoth. 27b. SIGNATURE and that in fmy (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS KAYMOND 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN BURIAT 6-28-86 BALTIMORE BALTIMORE 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM.C.MARCH F/H INC. 1101 EAST NORTH AVENUE

DHMH - 16 60M 7/84 (VRA 15, 4)

Hygi

STATE OF MARYLAND

Sacred Heart Of Jesus

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR Duda-Ruck, Inc. (VRA 15, 4)

Burial

7922 Wise Avenue Dundalk, Maryland

6/11/1986

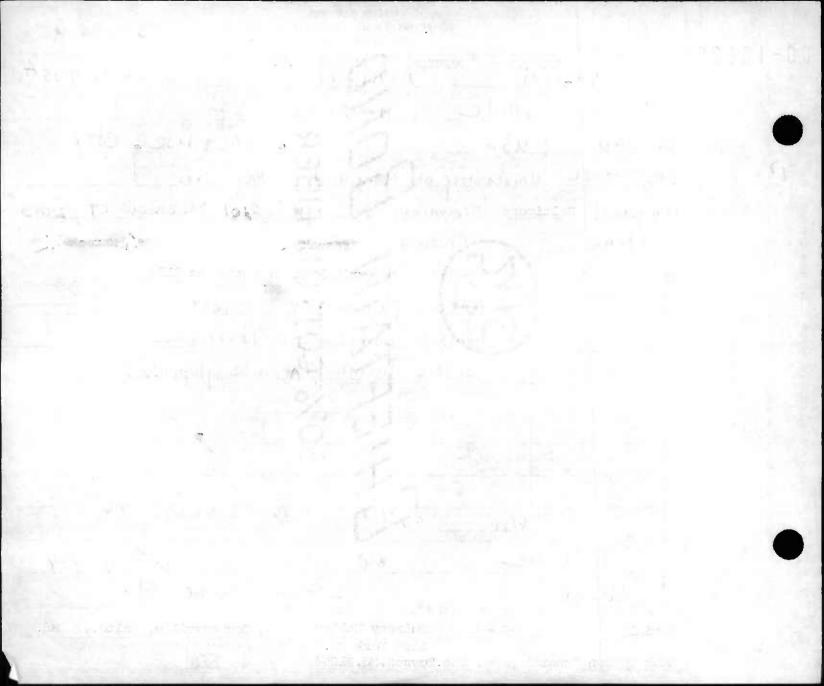
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Baltimore Maryland 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE in anurdoon forman

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	_ FOR		DEPARTMENT OF H	EALTH AND MENTAL HY	GIENE 1	4 2 9 8
	- STATE REGISTRAR			ICATE OF DEATH	REG. NO.	0 0 4 0
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0	MALE	White	5 DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  4 7 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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1	BALTIMORE	University	GIVE STREET ADDRESS)	ryland	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Physician	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
1	30 STATE H36.COUN	ITY 13c. CITY	onium	13d INSIDE CITY LIMITS?  YES NO NO	136 STREET ADDRESS / ZIP COL	
7		MED FORCES? 1166 SOC	ratoon CIAL SECURITY NO.	Årasuak	ADDRESS	Marook
1		F HALL OR OR OFFICE	-25-5044		n - same as #13e	
1	18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIAT	D RV.		lmonary	Arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS ACC	ronic Lu Diseouence Af Vere An	Imphocybic emia Thre	leukemia ombocytopenia minal disease of conditions	AUVEN IN PART 1 to
1	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED  I IFYING CAUSES OF DEATH?  YES NO
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MO	NTH DAY YEAR	21c HOW INJURY OCCUR	RRED (ENTER NATUR: INJURY IN ITEM 18	3 PART I OR PART ?)
	HILE NOT WHILE	21e. PLACE OF INJUR	RY, OFFICE FARM ETC )	STREET	CITY OR TOWN	COUNTY STATE
	22a I certify that (i) (this hospi sow the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE)	tal) attended the decease 7.7 t) view the body ofter dea	th.	nd that in (my) (aur) apinion	death accurred on the date and ha	
	A.llu	be	, L	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR DPHYSICIAN	6/22/84
	URIBE	R PRINT)		22 South	h Greene s	St.
73	Burial, CREMATION, REMOVAL	23b. DATE		EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
1	Burial	6-25-86	Dulane	y Valley	Cockeysville	Balto., Md.
	FUNERAL DIRECTOR NAME Ruck Towson Fune:		ADDRESS	OIR Ras	TE REC'D, BY REGISTRAR 256, REGISTRA	STRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)



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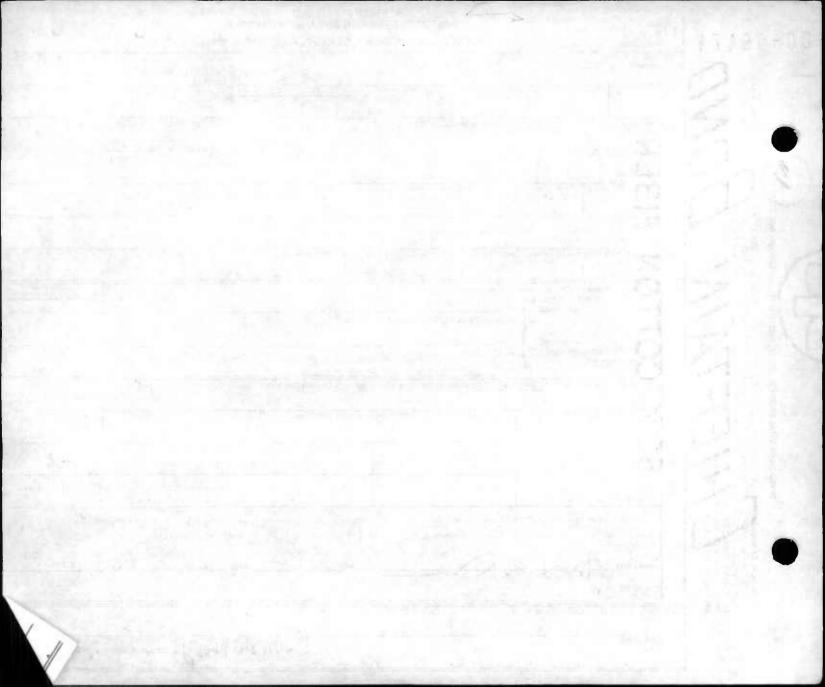
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TO B	16a V	AS DECEASED EVER			166 SOCIAL SE	CURITY NO.	17 INFORMA		AC	DRESS	Dav				
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REC Pept.		22b. SIGNATURE	(did hat)	view the body	affer death.		DEGREE				22c. DAT	E,SIGNED,			
Y the		22d PHYSICIAN'S NA	mer	1		1	722e ADDRES		DIRECTOR PH		6/	29/86			
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		URIAL, CREMATION,		23b. DATE		R NAME OF C	EMETERY OR (	REMATORY	23d. LOCATION	2	COUNTY	STATE			
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(VRA 15, 4)		Anat	comy .	Board		Balto	., Md.	000	_ 0 1000	9		1			

(VRA 15, 4)

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	10. C	ITY OR TOWN O	F DEATH		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  120 USUAL OCCUPATION (TYPE OF WO										KIND OF OR INDU	
SA PAGE		Baltimore		1038 N.	Broad	way						ORNING ENER	,			
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M T STATE	H. F	ATHER'S NAME		MIDDLE		AST		IS. MOTH	ER'S MAID	EN NAMI	E	WIDDLE			LAST	
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TON ST., BALTIM 24 HOURS AFTER I ITEM 18, GWE PA I IONG WITH FORM I PERMIT, PAGES I CEENE, DIVISION O'NAI		18 CAUSE OF PARTIDEA	DEATH (Enter on TH WAS CAUSE	ly ane cause per line D BY:											APPROXIM BETWEEN ON	ATE INTERVISET AND D
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NOF V THE WC THE WC THE WC STACEN	AL CERTIFICATION	210 EXTERNAL UNDERLYING		21b. TIME O HOUR A.A		DAY YEAR	3111	ubie					M 18 PART 1	OR PART 2)		
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DIVI  TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITIF PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 ARTER DEATH, WITH THE STATE DE BATTANODE MADEVIAND 31331		220. I certify death resulted		ge of the remains de	scribed abav		Autap:		Inspection		Inquir termined i	ry . manner X	ond in n	ny apinio	n	
NI EXA HE CERT HOULD HOULD TH, WITH		ACTUAL SIGNATURE_	And	00			M	TITLE (S	specify) istan	t_MED	OICAL EXA	AMINER	D.	ATE IGNED_	6-13	-86
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PA TO PA	23a.1	BURIAL, CREMATI	ON, REMOVAL 2	3b DATE	23c. N	AME OF CEA	NETERY O	R CREMAT	ORY	23d. LC	OCATION			COUNTY		STATE
07/84 BP/8/		Bur		6-16-86	Ba	ltimo	re (	Cemet	tery			imore	e			MD
25M DHMH - 17	24. 1	UNERAL DIRECT	OR	ADDRESS		0.000		3,13	250. DATE	REC'D. B	1986	RAR 25b. F	REGISTRA	R'S SIGN	ATURE	N- 1
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21101	0 -	0 -
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 liber Street death. Page 4 may be	death. Page 4 moy be	0
re nospiror or orientary physicion.		9
DIRECTOR: After this certificate has been signed by the ottending physicion and completely find in the city page 3	In the story boge 3	(,)

(VRA 15, 4)

TYPE OR PRINT	Alah I	E .	CERTIF		REG. N	6 - 0	0AV YEAR 028-86	26 HOUR 4: 133
SEX Female  Birthplace (State or fore COUNTIE).  CITY OR TOWN OF DEATH	A RACE White	E.	A. DATE C	Kew		6-0		
Female  BIRTHPLACE ISTATE OR FORE COUNTIE.  CITY OR TOWN OF DEATH	White				6 AGE LIN YEARS LAST BIR			
CITY OR TOWN OF DEATH		VHAT COUNTRY?		y 10 pay 1913 ar	73	YRS.	IF UNDER 1 YEAR	HOURS MI
			WIDOWE		9. BALTIMORE CITY C	OR COUNTY	OF DEATH	
Dal Cimore		OSPITAL, NURSING HEACHY GIVE SKEET A Y HOSPITE		or other institution	120 USUAL OCCUPAT			F BUSINESS (
SUAL RESIDENCE (IF NURSING		13t. Baltimo		13d. INSIDE CITY LIMITS?	135514 AMPSE	é zi <b>a sze</b> h	ue 212:	14
FATHER'S NAME Hyda	MIDDLE	Russell			DD.I.S	Wil	son LAS	а
				Mr. Wesley C				
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OR COLUMNIA CALL	SE OF DEATH HOUR A.N. P.N.	A, MONTH DA A,	AY YEAR 19	211 LOCATION	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART I OR PART 2)	
AT WORK			ARM, ETC }	STREET	CITY OR TO	)WN	COUNTY	STATE
sow the deceosed oppove, (I) (we) (did)  22b. SIGNATURE  22d. PHYSICIAN'S NAME	olive on	19		DEGREE ATTENDING	MEDICAL STA	ate and hour	and from the	
a. BURIAL, CREMATION, REA	MOVAL 236. DATE				23d LOCATION	ille	Balto.	Md
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ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IFE EITHER NOTIFY MEDICAL EXAMINER)  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  220 I certify that (I) (this hospital) ottended the sow the deceased alive on obove, (I) (we) (did) (did not) view the body of 27th SIGNIFICAN'S NAME (THE OR PRINT)  BURIAL, CREMATION, REMOVAL 23b. DATE  SEURIAL, CREMATION, REMOVAL 23b. DATE  JUNE AD THE OF OPERATION  FUNERAL DIRECTOR	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NOOR UNKNOWN)  (IF YES, CIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost.  PART 2. 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(YES, NOOR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 212-05-1472  DUE TO, OR AS A CONSEQUENCE OF (b) A D D D D D D D D D D D D D D D D D D	FATHER'S NAME Hyda  MIDDLE Russell  Stell  WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  PART I. 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HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  216. HOW INJURY O	FATHER'S NAME  "Hyda MIDDLE Russe"11  WAS DECEASED EVER IN U.S. ARMED FORCES? (16 SOCIAL SECURITY NO. 212-05-1472  IT INFORMANT ADDRESS Mr. Wesley C. Askew Same  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a).  Conditions, if only, which gove rise to immediate cause in immediate cause (a). Stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIV.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED.  196. DATE OF OPERATION.  PART 3. 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Askew Same  IIS CAUSE OF DEATH Enter only one couse per line for (a), (b), ond (a)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (b)  LET O, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stoling the underlying couse lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  (d)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  (e)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  (e)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:  (f)  PART 2 OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210, ACCORDIN WAS UNDERTITION  210, ACCORDIN WAS UNDERTITION  210, ACCORDIN WAS UNDERTITION  210, AUTOPSY2  210, IF YES, WERE FINDIN  10 CONTRIBUTION GIVEN IN TERM 1:  211, THOR OF INJURY  112, THOR OF INJURY  113, THOR OF INJURY  114, THOR OF INJURY  115, THOR OF INJURY  115, THOR OF INJURY  116, THOR OF INJURY  117, THORMAN TO THE TERM IN THE TERM I

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Min-10-10-10-10 Mr. conley S. Askes Same

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FOR - STATE

## STATE OF MARYLAND DEP

CERTIFICATE OF DEATH	GIENE	O REG. 1	10.	6	3	3 2	
LAST	20. DATE C	F DEATH	MONTH	DAY	YEAR	26 HOU	R
Asner	1		6	5 8	36	3:00	OA
5. DATE OF BIRTH	6 AGE (IN	YEARS LAST B	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
MONTH O DAY - O O YEAR		_		MONTHS.	DAYS	HOURS 1	MIN.

REGISTRAR					CATE OF BEATT	REG. NO.		
DECEASED NAME	Rose		MIDDLE		sner	20. DATE OF DEATH MONTH	DAY YEAR 26 HO	
3. SEX FEMALE		4. RACE WHITE		5. DATE O	. 23 <sup>A</sup> ,1909 <sup>EAR</sup>	6. AGE (IN YEARS LAST BIRTHDAY) 77	IF UNDER I YEAR IF UNDER MONTHS DATS HOURS	_
70. BIRTHPLACE (STATE OR O NEW YORK	FOREIGN		WHAT COUNTRY?	MARRIED WIDOWEI	XXVEVER MARRIED DIVORCED	Baltimore Ci		
Baltimor		11. NAME OF I	HOSPITAL, NURSIN HEACHTY, GIVE STREET Union Met	GHOMEO ADDRESS) MOrial	ROTHER INSTITUTION L Hospital	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	IZE KIND OF BUSIN INDUSTRY AT HO	
USUAL RESIDENCE (IF NURS 130. STATE MARYLAND	13h COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW BALTIMOR	N I	13d INSIDE CITY LIMITS?	138.STREET ADDRESS / ZIP CO 214 E. UNIV.	PKWY. 21218	
14 FATHER'S NAME HYMAN		MIDDLE B	LUMBERG		15 MOTHER'S MAIDEN NA FIRST ANN	MIDDLE	UNKNOWI	N
(YES NO OR LINKNOWN)		MED FORCES? E WAR OR DATES!	166 SOCIAL SECU 216-07-		17 INFORMANT NO	ORTON ASNER  PARKWY #21:	218	
18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		line for (a), (b), and	CIN	OMAX	PANCREH	APPROXIMATE INT	ER
Conditions, if any, gove rise to immediate to immediate to the stating underlying cause	nediate ig the	(b)	R AS A CONSEQUE		with Liv	er kretastaso	-	
PART 2 OTHER SIGN	VIFICANT	ONDITIONS CO	ONTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	

CERTIFICATION 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES IT NO T NO 4

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211 LOCATION 21d INJURY OCCURRED Te PLACE OF INJURY COUNTY

MEDICAL 220.1 certify that (1) (this hospital) attended the deceased saw the deceased alive an TONE 4 above (th(we) (did) (did not) view the bady after deat 22b. SIGNATUR ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22d. PLUS KIAN S NAME TITPE URPRINT 22e ADDRESS

Union Memorial Hospital

230. BURIAL, CREMATION, REMOVAL BURIAL

23c. NAME OF CEMETERY OR CREMATORY JUNE 6,1986 MOSES MONTEFIORE

BALTIMORE

MARYLA

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

SOL LEVINSON && BROS., INC. 6010 REISTER STOWN RD. BALTO., MD 21215

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	6	3	3	3

		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO		0	
		CEASED NAME FIRST	OY CURTIS		STIN		MONTH DAY	1986	26 HOUR 9:05 P
		BABY BO							W
	3. SE	MALE	BLACK	S. DATE O	DE BIRTH 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8 - 8	6. AGE (IN YEARS LASTBIRT	HDAY) IF L	INDER TYEAR	HOURS MIN.
2		RTHPLACE (STATE OR FOREIGN 76 COUNTRY) BALTIMORE	CITIZEN OF WHAT COUNTRY? U.S.A.	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O BALTIM	R COUNTY OF		MD.
FMA	10 CI	BALTIMORE	ME OF HOSPITAL, NURSING HOPKI			120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS OR
KAUE	USU ISO.S MA	AL RESIDENCE (IF NURSING TO COLOR DE LA CO	HER INSTITUTION GIVE RESIDENCE BEFORE		13d INVIDE CITY LIMITS?	13e.STREET ADDRESS /		#2123	31
3.5	14. FA	ATHER'S NAME FIRST  CURTIS	AUSTIN		15. MOTHER'S MAIDEN NAM DIANE	WE	L	AKENS	5
D		WAS DECEASED EVER IN U.S. ARME		RITY NO.	17 INFORMANT	ADDRE	SS		
1	(	YES, NO OR UNKNOWN) (IF YES, GIVE V	VAR OR DATES)		DIANE AUSTI	IN 122 WOI	FE ST	#212	
MAN		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED I IMMEDIATE	BY:		catory Asilu	ne			MATE INTERVAL DNSET AND DEATH
MR. FREEMAN		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	ASTIC NCE OF	Left Heart		DITION GIVEN	IN PART 110	
359	N O		None						
PER	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [	IG CAUSES	IGS USED OF DEATH? NO
NON-MED		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)	
NON-	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F.	211 LOCATION STREET	CITY OR TO	MN	COUNTY	STATE	
		22a.1 certify that (I (this hospital) ottended the deceased from							
RELEASED		N Keith (	Ishlura,	Da	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF		22c. DATE	o/86
REI		N Keith	ASHBUCN	AH	14, 600 N 4	Jolfe St	Bac	t 21	205
		reactions.			HOPKINS HOS	23d LOCATION EP BALTIMON	RE	MAI	RYLAND

TO FUNERAL DIRECTOR.

IMPORTANT, If hem 21 is

DHMH - 16 60M 7/84 (VRA 15, 4)

MARYLAND

JOHNS HOPKINS JOHNS HOPKINS HOSPITAL 6.00 N. WOLFE ST

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

2019 (na)

YNDROME RENAL DISEASE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 EROTIC CARDIOVASCUME DISEASE 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NON YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE 06 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL STAFF 86 6 PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: BLUD. LOCH RAVEN 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL 23b. DATE 23d. LOCATION COUNTY STATE 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE B. SCRUGGS and the state of the state of

STATE OF MARYLAND

REG. NO.

ME

MONTH

ELLW

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER I YEAR

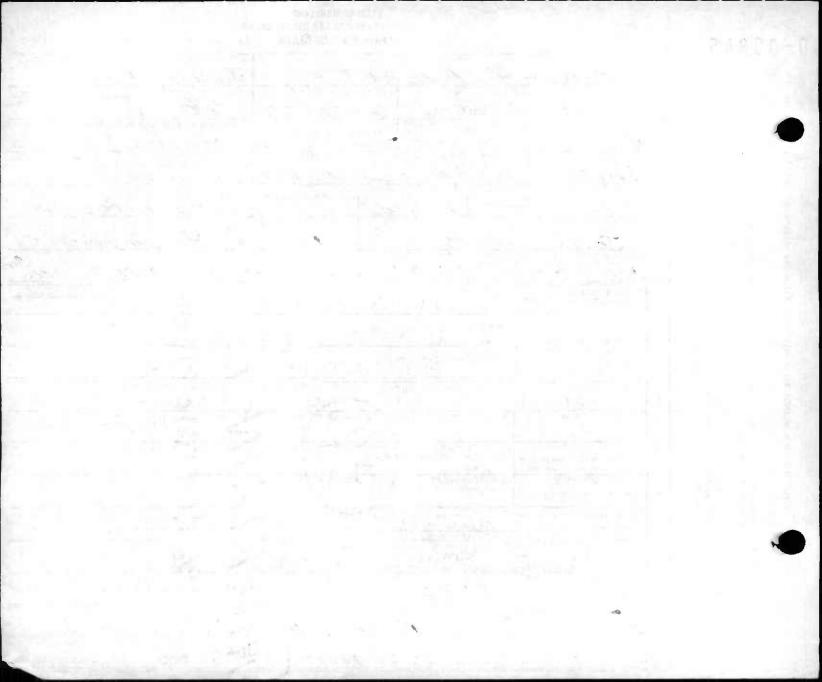
INDUSTRY

DAYS

IF UNDER 24 HRS

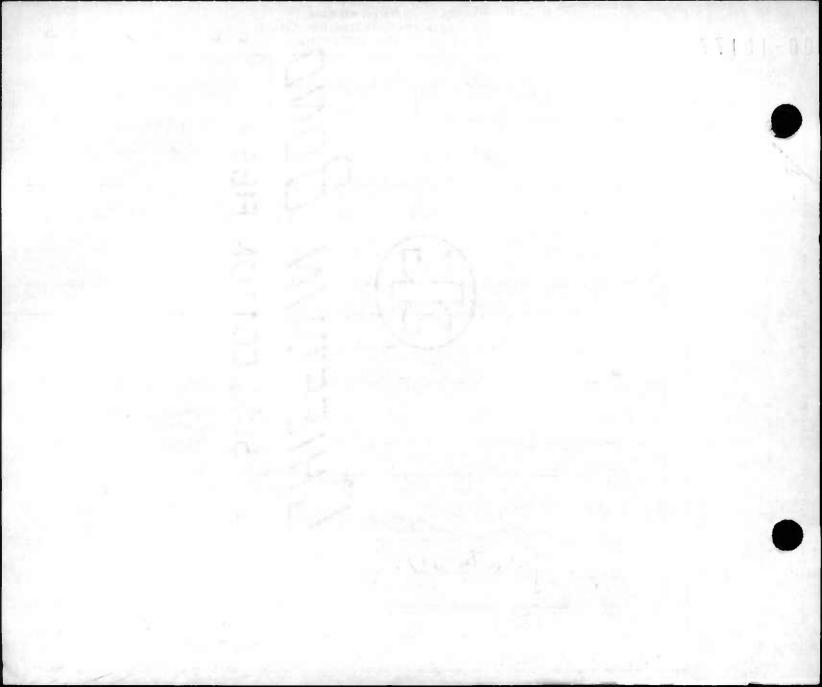
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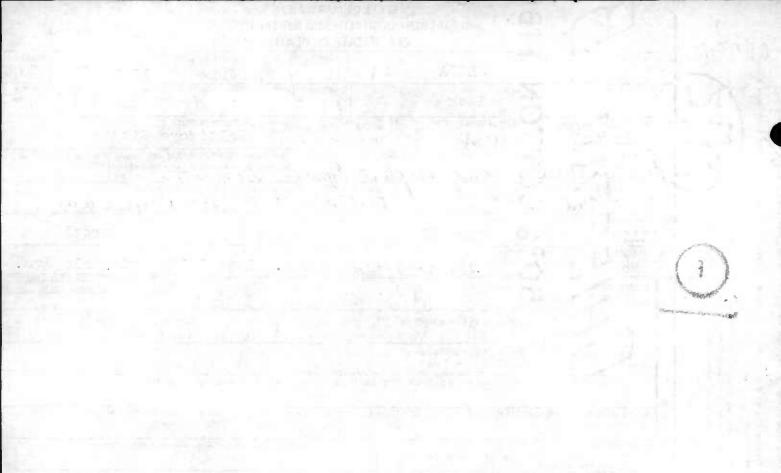


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MARYLAND 2	
BALTIMORE, I	
PRESTON ST.,	
201 W	
CORDS,	

-10177	Ŀ	FOR STATE REGISTRAR		PARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	REG. NO		3	3 5
. 76		CEASED NAME FIRST	WIDDLE	t.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR
4 po		WALTE		BACO		June		986	8 · 484
1 1	3. SE	X	4 RACE	5. DATE C		6. AGE   IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	HOURS MIN
& Le	-	M	В	7	27 09	76	YRS		
102 71		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	1.100.0
7		ARYLAND	U.S.A.	WIDOWE		Baltimore	City		MD
1 11 20	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION		12b. KIND C	F BUSINESS OR
1190		Baltimore	Maryland Ge	neral H	ospital	(TYPE OF WORK FOR MOST OF	F WORKING (IFE)	INDUSTRY	
第35	130	AL RESIDENCE (IF NURSING HOME STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE	EBEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS /		. 212	202
fely 2 s 2 s 3 ine	14. F/	ATHER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN N	AME			
old moxe		JOHN FIRST		CON	MARY	MIDDLE H.		COF	BIN
		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS		TOTIV
rs. Pages	'	VES NO OR UNKNOWN)   [IF YES (	GIVE WAR OR DATES)	01-56444	NANNTE B	BACON 901 CH	AI INCEV	MD. 2	1217
mayal.	F		only one couse per line for (a), (		TURNIZE D.	Bricott 701 Cit	210110111		MATE INTERVAL ONSET AND DEATH
emayal.		PART I. DEATH WAS CAUS			Cardiac Fail	Luxo		BETWEEN	DINSEL AND DEATH
in signed by the otherbring. Then please remove carb injury, ar other traumatic.	NOI	Conditions, if any, which gove rise to immediate couse lol, stating the underlying couse lost.  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON- (b) Pulmoi  DUE TO, OR AS A CON- (c) Multip  T CONDITIONS CONTRIBUTING	sequence of le, Chro	nic Pulmonary		DITION GIVEN	IN PART 16	<b>3</b>
sit permit.	CERTIFICATION	19a DATE OF OPERATION	19b CONDITION FOR W	/HICH OPERATIO		200 AUTOPSY?	206 IF YES, WIN CERTIFYIN YES [	NG CAUSES	NGS USED OF DEATH? NO
ental Hygie		2)a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART	I OR PART 2)	
arked or h	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY O	DFFICE, FARM ETC ]	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
t, of Healt m 21 is ma		sow the deceased alive of above, (1) (Xe) (did) (aXi)	pritol) offended the deceased from June 19	_19_86 01	2 . 19.86 ad that in (my) (o <b>X</b> r) apiniar	to June 19 and depth occurred on the do	te and hour a	nd from the	
old be detachen the State Dep		226. SIGNATURE 226. PHYSICIAN'S NAME TYPE	flat,	in.	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAF  DIRECTOR PHYSIC		22c. DATE	SIGNED
to FUNERAL hould be defi h the State		Robert Libe	erto M.D.		c/o Marylan	d General +	locnita	1	
1/3		BURIAL, CREMATION, REMOVA	AL 23b. DATE		EMETERY OR CREMATORY	236 LOCATION		OUNTY	STATE
		BURIAL	6-24-86	JOHN W		PRÏNCESS			MD.
OM 7/84		uneral director WM.C.MARCH F/H	I INC. 1101 E.N	ORTH AVE	NUE 250. DA	JUN 23°1986	75b. REGISTRA	RUSTS IGNAT	URS



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR Month 11 Doy 986enr (Type or print) MARY ELTZA BAILEY 30 PM June IF UNDER 24 HRS. 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 3 SEX Black lost birthdoy) HOURS Female April 8. 1910 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Virginia Baltimore City WIDOWED DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR O. CATY OR TOWN OF DEATH BALTIMORE, MARYLAND 21201 give street address) Ba during most of working life even if retired.) Vienestos 130. STREET AND NUMBER 3514 Springdale 21206 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 136 COUNTY N/A 15. MOTHER'S MAIDEN NAME First 4. FATHER'S NAME Middle Purcell Purcell Ada Willie 16b. SOCIAL SECURITY NO. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Yes, no pr unknown) 124-30-5140 A John A. Platt 3514 Springdale Ave. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET. JUD mona IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES M NO M 21g. ACCIDENT WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) UNDERLYING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased from 3 - 36, 1986, to 6-11-, 1986, that (I) (we) lost sow the deceased alive on 6 - 11- 1986 and that in (my) (our) opinion death occurred on the date and hour and from the couses stoted obeve, (I) (we) (did) (did not) view the body ofter deoth. 22b. SIGNATURE ATTENDING NAR DEGREE DIRECTOR GORL Road 22d. PHYSICIAN'S 22e. ADDRESS SNAIR NAME (Type) 23b. DATE 6/17/86 23d LOCATION (City or Town)
Baltimore, Maryland 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) Mt. Auburn ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR you wouldoon- Mangasse-DHMH - 16 3/72 25M Leroy O. Dyett 4600 Lib. Hghts. Ave. DATE JUN 1 6 1986 (VR A15 (4))



## filled in by the funeral director, page 3 adid be filed within 72 hars after death DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complesshould be detached for use as the burnal-transit permit. Then please remove carban-papers. Pages many the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, th

MPORTANT: If them 21 is marked

1 - STATE

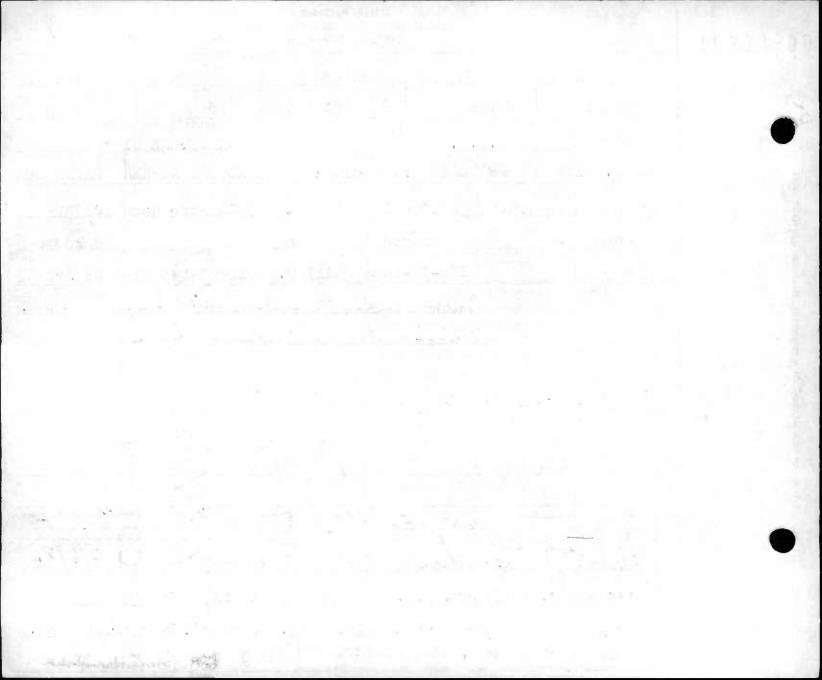
STATE OF MARTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

6		i	6	3	3	1
	REG. NO.					

	REGISTRAR		CERTII	FICALE OF DEAL	п	REG. NO.		24
	CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	ZELMA	A KARL		BAILEY		June	5 1986	4.25Pm
3 SE	X	4 RACE		OF BIRTH		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
	FEMALE	WHITE	RONT	" oi	To	75 YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE OR FOREIGN )	76 CITIZEN OF WHAT COUNTRY		D NEVER MARR	E	BALTIMORE CITY OR COUN		
	/irginia /	U.S.A.	WIDOW			BALTIMORE	CITY	MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTI	ON .	12a. USUAL OCCUPATION	126. KIND C	OF BUSINESS OR
1	BALTO. CITY	MERIDIAN C	ATON	MANOR		FACTORY WORK	ER PA	PER BOX
USU.	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY						
	RYLAND BAI	LTIMORE LANSDO		13d. INSIDE CITY LIV	0.40	3020 Bero Ro	ad 21	227
	THER'S NAME			15. MOTHER'S MAIL	200	ΛE		
1	John	MIDDLE LAST	vson	FIRST	arv	WIDDLE	IIn	known
16a V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?   166 SOCIAL SEC		17 INFORMANT	CLL Y	ADDRESS	011	KIIOWII
1	NO (IF YES, GIV	226-10	-140	2 Bill	C. I	Bailev 145 G	lasgow	AVA 27
	18 CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), o		7		-/		ONSET AND DEATH
	PART I. DEATH WAS CAUSE	ED BY: ITE CAUSE (0) Cerelror	344	e. the	0-	in with him	Seine Seiner	DANGET AND DEATH
	IMMEDIA					1	7	- 10 -07
	Conditions, if ony, which	DUE TO, OF AS A CONSEOL	JENGE OF	tes cons	Line	realor deser		
	gove rise to immediate couse (a), stating the	)			CLE D'S		4	
	underlying couse lost.	DUE TO, OR AS A CONSEOU	JENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMI	NALDISEASE OF CONDITION O	IVEN IN DART 1/	(2)
NO	Disleter Melle	ter Cancutosan	ia.	renal in	rult	recence	TYEN HYPART II	
ATI	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	71		ES, WERE FINDI	
TIFIC							TIFYING CAUSES	OF DEATH?
CERTIFICATION	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY	OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18		,,,,
	OR CONTRIBUTING CAUSE OF DE		AY YEAR					
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211. LOCATION				
Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
		ital) attended the deceased from	1	126 19	82	10 6/5	19 86	that (I) (we) lost
	he deceased alive on	of view the placy offer depth.	86,0	nd that in (my) (our)	opinion d	eath occurred on the date and he		The same of the sa
	2h Syphature /	Day offer death.		PEGREE	100		22c. DATE	BIGNID
	Holet	Nonella-		MD ATTEN		MEDICAL STAFF DIRECTOR PHYSICIAN	6/	6184
13	21 PHYSICIAN'S NAME THE	HALL TOTAL	-	27x ADDRESS	CIAN	DIRECTOR   PHYSICIAN	1	10
	Herbert .	Levickas. M.	n	Flight	Too	+ Dwine 242	0.00	
23a B	URIAL CREMATION REMOVAL		NAME OF C	5404 EMETERY OR CREMA	Eas	t Drive 212	61	
(3	SPECIFY)					CITY OR TOWN	YTAUO	STATE
24 FL	Burial UNERAL DIRECTOR	1 0/4/80 Me	adow	ridge Mer			Howard STRAR'S SIGNAT	Md.
-		ral Home, \$107	Wil	kens Ave	.1114	V9 mos dution	MAK S SIGNAL	OKE
					001	J Hos Gula	URUN COM	and the

DHMH - 16 60M 7/73 (VRA 15 (4))

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.



)	0	-	1	0	3	1
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		and the start of the same of t	definition physical	After the certificate has been government the mending physician and completely filled in by the functor page 3 CU	permit business permit. They describe a corbon papers. Papers and 2 should be alled writing? Note that death

FOR STATE

STATE OF MADVIAND

			IA	IE C	Jr m	ARII	AND	
)EP	ARTN	LENT	OF	HE A	LTH	AND	MENTAL	HYGIENE
		CE	RTI	FIC	ATE	OF	DEATH	0

6 16338

ч		REGISTRAR		CERT	IFICALE OF DEATH	REG. N	10.		sib <sub>1</sub>
1		CEASED NAME FIRST	,	AIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
1	(IIIre		SEPH	עד גע	OWSKI	JUNE 20	1986		7 453 43
	3. SEX		4. RACE	5. DATE	OF BIRTH	AGE (IN YEARS LAST B	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
1		Male	White	June	01 1010	72	YRS.	NIHS DAYS	HOURS MIN.
4		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?		9 BALTIMORE CITY		FDEATH	
1		Md.	USA	WIDOV		Baltimore	: (ity		MD.
7	B	Baltimore	(hurch	HOSPITAL, NURSING HOME HEACILITY, GIVE STREET ADDRESS) HOSPITCH		120. USUAL OCCUPA (TYPE OF WORK FOR MOST MChine		12b KIND O INDUSTRY	F BUSINESS OR
2	13a. S		e or other institution. DUNTY Ltimore	GIVE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Dunda Lk	13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS 1939 Denbu		21222	
A	4 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		LAS	1
1	P	ete		Bajkowski	Constance		Un	rknown	
7	16e V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADD	RESS		
1	1	Vo	, ONE WAR OR DATES	213-16-6658	Raymond Baj	kowski 1939	Denbur	y Dr.	
1		18 CAUSE OF DEATH (Ente	r only one cause per	line for (a), (b), and (c).)				BETWEEN	MATE INTERVAL ONSET AND DEATH
4		PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (a)	CARDIOPU	LMONARY ARR	EST		5MØ	MTN
1			DUE TO O	R AS A CONSEQUENCE OF					
1		Canditians, if any, which	(b)	HEPATIC	FAILURE			2MON	ITHS
1		gave rise to immediate couse (a), stoting the		R AS A CONSEQUENCE OF			101.1	11101	1110
1		underlying couse last	. ( (c)	CIRRHOSI	S			10 5	FARS
1		PART 2. OTHER SIGNIFICAN	NT CONDITIONS CO	NTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	AINAL DISEASE OR COI	NDITION GIVEN		
4	MEDICAL CERTIFICATION	COAGULOP	PATHY. R	ENAL FAILUF	RE.				
٦	CAT	198 DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERAT	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, V	WERE FINDIN	IGS USED
1	TIE	MAY 31, 19	86 LTV	ER BIOPSY		YES NO	YES	NG CAUSES	NO [
1	CER	210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN)	URY IN ITEM 18 PART	I OR PART 2)	
1	AL.	OR CONTRIBUTING CAUSE OF	OCHIN	M. MONTH DAY YEA M. 19					
	DIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY	211. LOCATION	CITY OR I	0	COUNTY	STATE
1	¥	WHILE NOT WHILE	(AT HOME STR	EET, FACTORY, OFFICE, FARM, ETC )	STREET	CITY OR I	OWN	COUNIT	STATE
1	-	220.1 certify that (1) (this ha	ospital) attended the	e deceased from MAY	27 19-86	to JUNE	20 19	86	that (I) (we) last
1		saw the deceased alive abave, (I) (we) (did) (did	on JUNE	20 19 86	and that in (my) (aur) apinion	death accurred on the	date and hour a	ind fram the	couses stated
1		22b. SIGNATURE	nati view the bady	atter death.	DEGREE			22c DATE	
1		C.S. Ko	3	e - D.	ATTENDING PHYSICIAN I	MEDICAL STA	AFF ICIAN DE		
Ħ		226. PHYSICIAN'S NAME (TO	PE OR PRINT)	X	22e ADDRESS CHUR	CH HOSPIT		PORAT	TON
1		CAROL S.	RAMSEY,	RXW.D.O.		BROADWAY		Mr	21231
1	23a. B	BURIAL, CREMATION, REMOV	VAL 23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	211110	• / 111	· · · · · · · · · · · · · · · · · · ·
	(	SPECIFY) Burial	6-23-1		Rosary Cemeter	CITY OF TOWN		COUNTY	M /
	24 FL	JNERAL DIRECTOR	0.27-1	100 HOLY	250. DA	E REC'D. BY REGISTRA	R 25b. REGISTRA	R'S SIGNAT	URE
			Sons Inc	4 ADDRESS		111 % * 100			in benefit file
	101	hn M. Wahan &	o Joins Inc	- TUI J. / he	enten St	IN DA KOOR	1-11-11-11-11	The state of the state of	

Sons Inc. 4015. Chester St

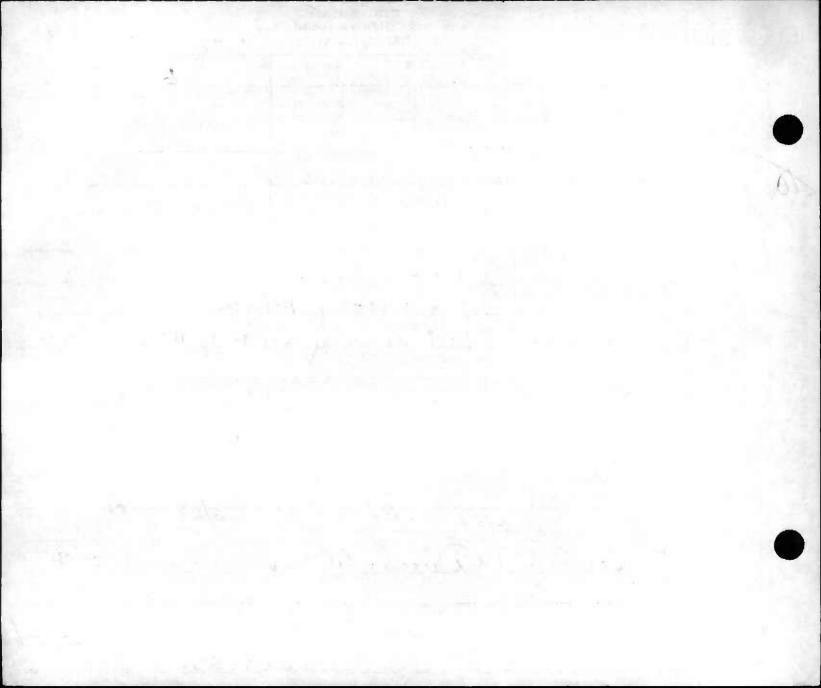
DHMH - 16 60M 7/84 (VRA 15, 4)

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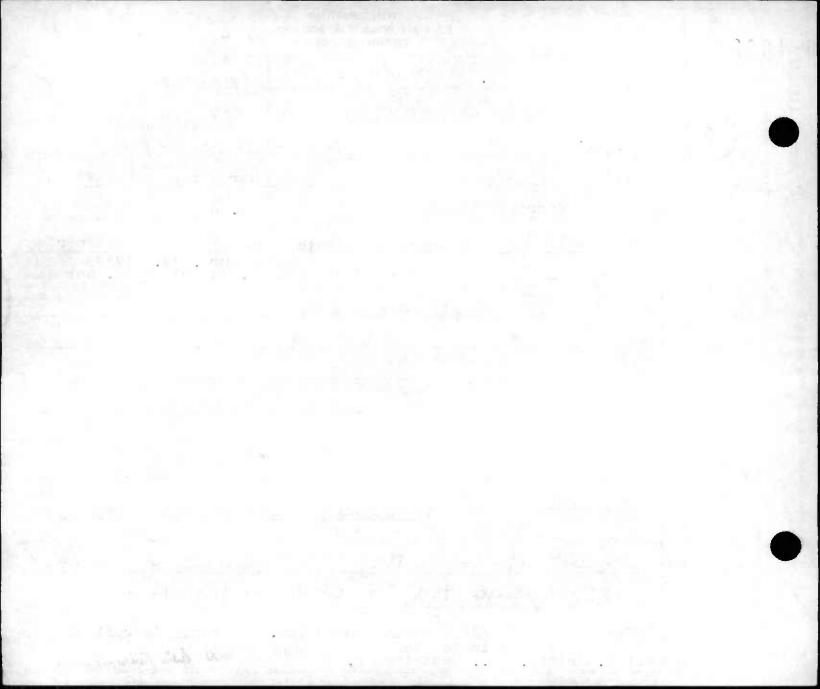
State of states of the

March Funeral Homes 1101 East North Avenue

(VRA 15, 4)



10286	1.	FOR • STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 16 3 4 0 CERTIFICATE OF DEATH							
by be on the odesth		CEASED NAME FIRST	F.	BA	7nF	hard		DAY YEAR	26 HOUR	
oge 4 mo	3. SE	Male	1 RACE Whit	le	5 DATE C	F BIRTH 1898	88 YRS.	IF UNDER 1 YEAR	HOURS MIN.	
deorh. P	/u. t	XXXXXXXXXXX	USA		MARRIEI WIDOWE	on Adburgated		4	MD.	
ors offer	12	ULT,	(IF NOT INSUCT	FACILITY, GIVE STREET A	DDRESS)	R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE  Carpenter	126 KIND OF INDUSTRY	BUSINESS OR WOO	
in 24 hou	IIe M	b Ca		130 CITY OR TOWN		YES NO [	Rt. 4	211	157	
page within	/	Bert UNLO	MIDDLE	Bankar		15. MOTHER'S MAIDEN NAME OF THE Minnie	nknowen	Wagi		
e be exected on ond one		VAS DECEASED EVER IN U.S. AF	RMED FORCES?	2/2243	3.391	Earl Banka	tysburgorepa. rd, 90 Knight			
quires that the death certificat signed by the ottending physi Then please remove carbangop to burial, cremotion, or removo niury, ar other traumatic event,	NO	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	- Resp. a.	inal disease or condition givi		MATE INTERVAL INSET AND DEATH	
The low resistion.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDING	GS USED OF DEATH? NO	
IYSICIAN ding phys s certifica buriol-tro Mental H	MEDICAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	ATH HOUR A.	M. MONTH DA M.	Y YEAR	21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 P.			
HOSPILL ON ATTENDING PROPERTY THE HOSPING or after the HOSPING CONTRACT OF THE MANAGEMENT OF HEAD OF HEAD 21 is morked ON THE META 21 is morked.	ME	WHILE AT WORK  220.1 certify that (1) (this hosp saw the deceosed alive ar abave. If (we) (did) (did not	on view the bady	180 19	06/ , or	d that in (94) (aur) opinion of DEGREE  ATTENDING PHYSICIAN [22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	and from the c	hall we lost ouses stated	
₽₽ ₽₽₹3 <del>-</del>	23a E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b DATE 6/19/			EMETERY OR CREMATORY Church Cem.	23d LOCATION CITY OR TOWN	COUNTY	STATE	
	24 F	Dert K. Prit					E REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATU	MD JRE dare	



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate retained by the hospital or attending physician.

BP\_\_\_\_\_\_ DHMH - 16 50M 4/83 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending when whold be detached for use as the buriol-tronsit permit. Then please remove carbon with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remainAPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other traumatic even

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ecuted within 24 hours after

pletely filled in by the funeral directar, page 3 and 2 should be filed within 72 hours after death

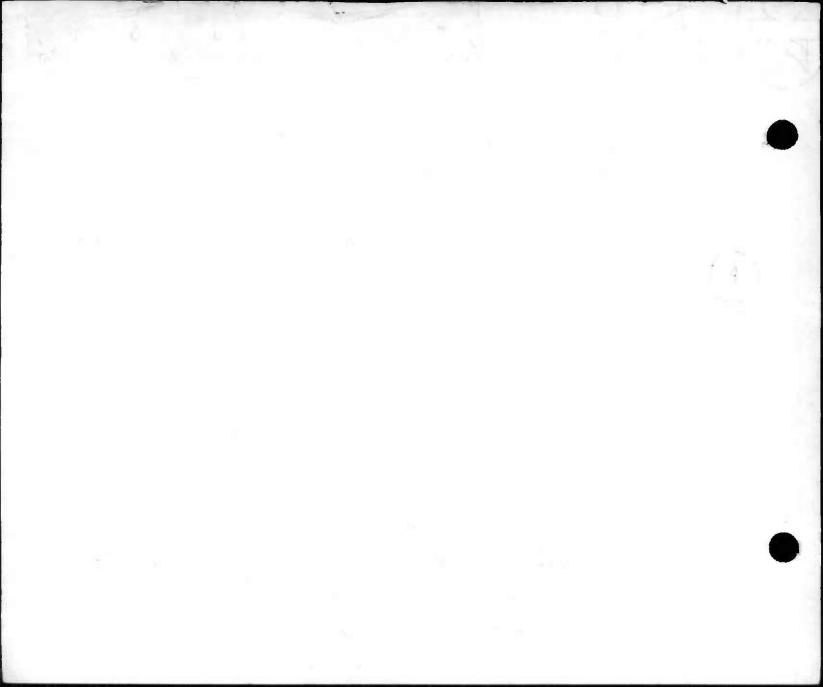
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6	-	6	3	4	
•		-			

11	- STATE REGISTRAR		CERTII	FICATE OF DEATH	REG. NO	1 0 3	7
	ECEASED NAME FIRST  PE OR PRINT)  B G	WIDDIE	BAN	IKS	20 DATE OF DEATH	MONTH DAY YEAR	26. HOUR 10:20Pm
3. S		RACE	S. DATE (	H DAY YEAR	6 AGE (IN YEARS LAST BIRT	(HDAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	MARYLAND	L SA	WIDOW	ED NEVER MARRIED LE ED DIVORCED DOROTHER INSTITUTION	BALTIMORE CITY O	RE CITY	MD OF BUSINESS OR
	BALTOMORE	SINAT	HOSPLI	TAZ	(TYPE OF WORK FOR MOST O		
13a	UAL RESIDENCE (IF NURSING HOME OR O STATE 136 COUNT	THER INSTITUTION, GIVE RESIL Y 13c. CIT	DENCE BEFORE ADMISSION) Y OR TOWN	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	000
14.1	FATHER'S NAME FIRST M	IDDLE	LAST	RENEE	WIDDLE	BAT	VKS
160	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN)   1 IF YES, GIVE	MED FORCES? 166. SO	CIAL SECURITY NO.	17. INFORMANT	ADDRE		(MATE INTERVAL ONSET AND DEATH
z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CO	CAUSE (b)  DUE TO, OR AS A C  (b)  DUE TO, OR AS A C	COMATU CONSEQUENCE OF	INOT RELATED TO THE TERM		2.	HRS.
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES	
		HOUR A.M. MO	Y DNTH DAY YEAR 19	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	TY IN ITEM TO PART T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJU (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TO	, , , , , , , , , , , , , , , , , , , ,	STATE
	22a. I certify that (1) this hospital saw the deceased alive an above. (1) (we) (did) (did not) 22b. SIGNATORE	3/16	19 86 0	nd that in (my) (our) apinion of DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	ote and hour and from the	
	270 PHYSICIAN'S NAME (TYPEOR	Closkey,	M,O,	0.0	SPETTER MI	2	
230	BURIAL, CREMATION, REMOVAL (SPECHY)  Removal	23b. DATE 5-29-86	23c NAME OF	CEMETERY OR CREMATORY	234 LOCATION CITY OF TOWN	COUNTY	STATE
24	FUNERAL DIRECTOR		ADDRESS D 3 1 4	JURY DIE	REC'D BY REGISTRAR	756. REGISTRAR'S SIGNAT	TURE



3331 Brehms Lane, Balto. Md. 21213

**DHMH - 17** (VR A15 ME (5))

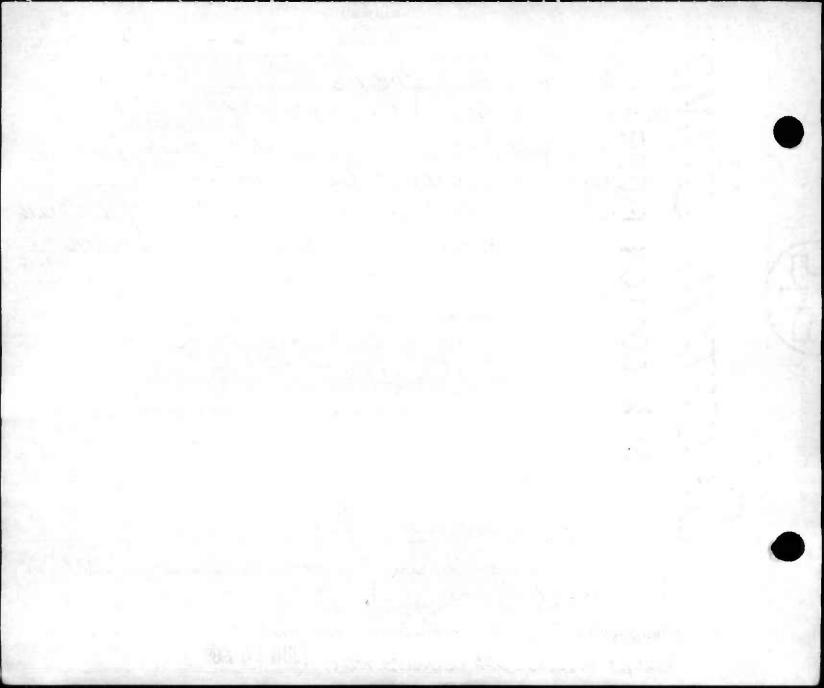
NOTE OF STREET

	1 -	FOR STATE REGISTRAR		DEPARTA	MENT OF H	E OF MAKTLAND IEALTH AND MENTAL HYG ICATE OF DEATH	0 0	16	3 4	3
10616	1. DE	CEASED NAME FIRST		MIDDLE	- 10	AST	REG. N	MONTH DAY	YEAR 2b	HOUR
e 3 oth		OR PRINT) Ethel			Bar	nes	June 21			8 Am
page 3	3. SE:		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BI	/	DERIYEAR IF	UNDER 24 HRS
rs ofte		Female		ack	MONT		6	2 S YRS	DAYS H	OURS MIN.
hour hour	4	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OF	_	DEATH	
1 8 -		Y OR TOWN OF DEATH	U.S.		WIDOW	DR OTHER INSTITUTION	12g. USUAL OCCUPAT		h KIND OF B	MD.
\$ O		ALTIMORE		EAST BIDD			(TYPE OF WORK FOR MOST WESTERN H	OF WORKING LIFE) IN	IDUSTRY	03111 <u>2</u> 33
filled in the state of the stat		AL RESIDENCE (IF NURSING HOME STATE 13b. CO	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE 136. CITY OR TOW BALTIM		13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2703 EAST		STREET	21213
d 2 sh	14. FA	THER'S NAME		144	1.7	15. MOTHER'S MAIDEN NA	ME			
and	F	REDERICK	D.	GILLIAN	1	NANNIE	ALLEN		GILLI	AM
0		VAS DECEASED EVER IN U.S.		16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	ESS		
Poges		YES NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	21712319	<del>)</del> 5	GERMAN BARI	VES 2703 EA	ST BIDDL		
a physicic on papers emoval. event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse pe SED BY:			watery a	rrest		BETWEEN ONS	
		IMMED	ATE CAUSE (0)	Castrio	1-620	Nacra oc			200	
ave carb nave carb nation, ar r fraumatic			DUE TO, O	OR AS A CONSEQUE	NCE OF	e earcho	ind tome	05	27	month
maye notion trau		Conditions, if ony, which gove rise to immediate	(b)_	MIETER	4-47	C Coocie				
by the		couse (a), stating the underlying couse last.	DUE TO, O	OR AS A CONSEQUE	NCE OF					
gned in ple buria ry, ar	z	PART 2. OTHER SIGNIFICAN	T CONDITIONS C	CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	DITION GIVEN IN	PART No	
mit. prior	CERTIFICATION	190. DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIC	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WEI		
0 0 0	E					1	YES NO	YES 🗌		NO []
SOT 8		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		of injury a.m. month da	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART 1 C	OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI-		P.M. E OF INJURY	19	21f. LOCATION				
E	MET	WHILE NOT WHILE		TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	DWN C	OUNTY	STATE
After these os the olth and marked		AT WORK AT WORK			1/	18 1084	1/	27	26	77
X 2 T .2		220. I certify that (1) this has	11 11 15		36	nd that in my) (our) opinion	denth prouved on the	tate and hour and	from the say	t (1) (we) lost
d for		Dove Il well did stid	not view he bod	y after death.	, 0		dediti decorred on the e			
DIRECTORED OCHED FOR THE PRESENTE OF THE PRESE		776 SIGNATURE	10	V		DEGREE ATTENDING &	MEDICAL STA		22c. DATE SIC	186
VERAL be detected State	1	Meter	Usa	1		PHYSICIAN A	DIRECTOR PHYSI		6/63	100
should be det with the State		22d. PHYSICIAN'S NAME (TYP	- RIS	ch us	)	600 N. WOG	le St J	duns Hox	sking!	Oneop
5 4 3 A	230 5	BURIAL, CREMATION, REMOV			JAME OF (	EMETERY OR CREMATORY	123d LOCATION	21205		
		SURIAL	6-27		ALTIM		BALTIMO		MAT	RYLAND
TITLE	24. FI	UNERAL DIRECTOR				1250. DAT	E REC'D. BY REGISTRA			
- 16 60M 7/84 /RA 15, 4)	M	ARCHE FUNERAL H	OMES 110	1 EASTORENO	RTH A	venue	NO6 mos	James 2004	der The	: ماللمان
	<u></u>						TOURSE.	#		

00-09475	1.	FOR - STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6  CERTIFICATE OF DEATH 8 6  REG. NO. 1 6 3 4 4
AND 21201  24 fours often leadth Pager 4 may be filled in by the (oriental director, page 3 hourd be failed within 72 hours after death mant be notified at one.	3. SE 7a B	CEASED NAME FIRST CORPRINT)  X  MALE  IRTHPLACE (STATE OR FOREIGN COUNTRY)	A RACE    S. DATE OF BIRTH   S. DATE OF BIRTH   S. DATE OF BIRTH   DAY   YEAR   S. DATE OF BIRTHDAY   S.
St., BALLIMORE, MARYL, This case that within the copapient Pages I age 2 at mines of copacity the medical interment.	16a \	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE)	INE WAR OR DATES) 243-20-5360 AMPS. KATE HAII 2731 EII 1077 DR.  APPROXIMATE INTERVAL  BETWEEN ONSE IN AND DEATH  BETWEEN ONSE IN AND DEATH
RDS, 201 W. PRESTON Squires that the death casigned by the attending Then please remove contact to burial, cremotion, or a highly, or other troumatic	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE OF CARCLE  DUE TO, OR AS A CONSEQUENCE OF CARCLE  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN A PART TO
DIVISION OF VITAL RECONTENDING PHYSICIAN: The low refund or ottending physicion.  TOR. After this certificate has been or use as the burnal-transit permit, if Health and Mental Hygiene prior is marked or flem 18 shows any its marked or flem 18 shows any	MEDICAL CERTIFICATION	sow the deceased alive of	HOUR A.M. MONTH DAY YEAR P.M. 19  21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE  19 19 19 19 19 19 19 19 19 19 19 19 19
O HOSPITAL OR AT etomed by the hosp TO FUNERAL DIREC- should be detoched if with the Stote Dept or MPORTANT: If them 3		726 SIGNATURE  726 PHYSICIAN'S NAME TYPE  MOGES	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN HEDICAL STAFF PHYSICIAN HEDICAL STAFF (13/86)

DHMH - 16 60M 7/B4

(VRA 15, 4)



page 3 er death

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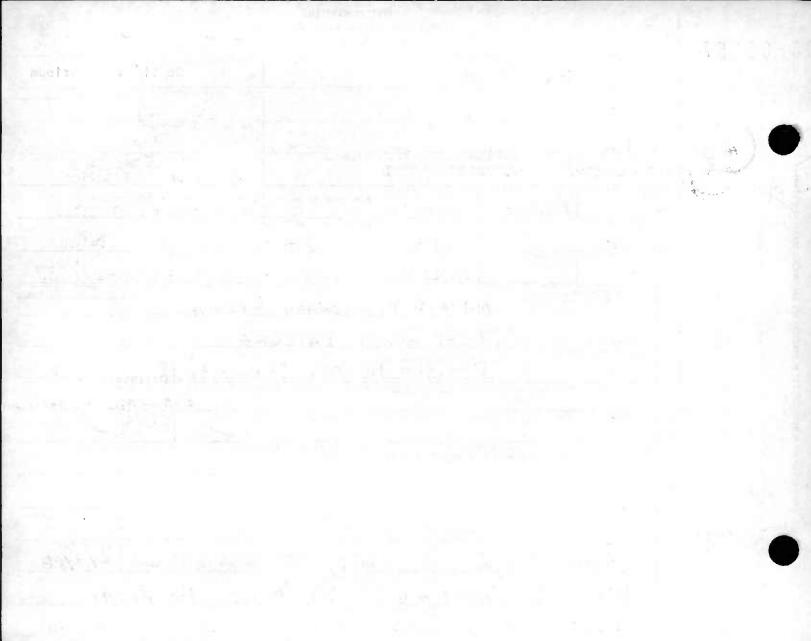
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	1 -	STATE REGISTRAR		VEPAKIN		ICATE OF DEAT		REG. NO.	10	3	4 3
		CEASED NAME FIRST OR PRINT)  JUDITH		IORMA	N.	BARROW			/11/86	YEAR	26. HOUR 3:18pm
	3. SE)		4. RACE	HITE	5. DATE (	OF BIRTH	EAR 24	6. AGE (IN YEARS LAST BIRTHD.	MONTHS	ER TYEAR DAYS	IF UNDER 24 HRS
1111	5			VHAT COUNTRY?	8	D NEVER MARR	IED 🗆	BALTIMORE CITY OR C	OUNTY OF DI	EATH	<i>N</i>
	AL	TIMORE CITY	STINOT MASKET	Vesty Adstri	PORESE)	OR OTHER INSTITUT	ЮИ	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W BOOKKEEPET	ORKING LIFE) INE	Office	F BUSINESS O
1	13a S M	AL RESIDENCE (IF NURSING HOME OR INTEREST AT BELLEN BALL  ATHER'S NAME		Catonsvi	N	13d. INSIDE CITY LI YES NO 15. MOTHER'S MAI	₩.	30.STREET ADDRESS / Z 646 Aldersh		21	229
7	/	Herman A	AIDOLE	Brooks		Bern	etta	MIDDLE		Smi	
2		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES?	217-12-9		17. INFORMANT Raymond	S. Ba	arrow, Sr. 6		rsho	21229 t Rd.
	TION	cause (0), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT C	onditions <u>co</u>		E H			LUI	VC- AD	ENO	CARCIL
	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	ION FOR WHICH	OPERATIO	N WAS PERFORMED	)		Ob. IF YES, WER N CERTIFYING YES		
	MEDICAL CEI	7] a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.A	A. MONTH DA A.	Y YEAR		OCCURRE	D (ENTER NATURE OF INJURY IN	TITEM 18 PART TOP	RPART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE C	OF INJURY ET, FACTORY, OFFICE, F.	ARM, ETC )	211 LOCATION STREET		CITY OR TOWN	cc	VINUC	STATE
		27a. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did nat 27b. SIGNAJURE		19		nd that in (my) (our)		, to eath accurred an the date		from the c	
		22d. PHYSIOAN'S NAME (TYPE OF	Taylor			ATTEN	IDING ICIAN []	MEDICAL STAFF DIRECTOR PHYSICIAL		6/1:	2/86
		JAMES E	TA	YLOR, M.		ST	AG	NES HO.	SPIT	AL	•
	(	Burial, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 6/14/8	The second second		park Ceme	etery	Baltimore	COUN	Mar	yland
	24 Ft	INERAL DIRECTOR Hubbard Funeral	Home,	inc. 4107	Wilk	21229 kens Ave.	JUN	REC'D. BY REGISTRAR 256	REGISTRAR'S		

DHMH - 16 60M 7/84 (VRA 15, 4)

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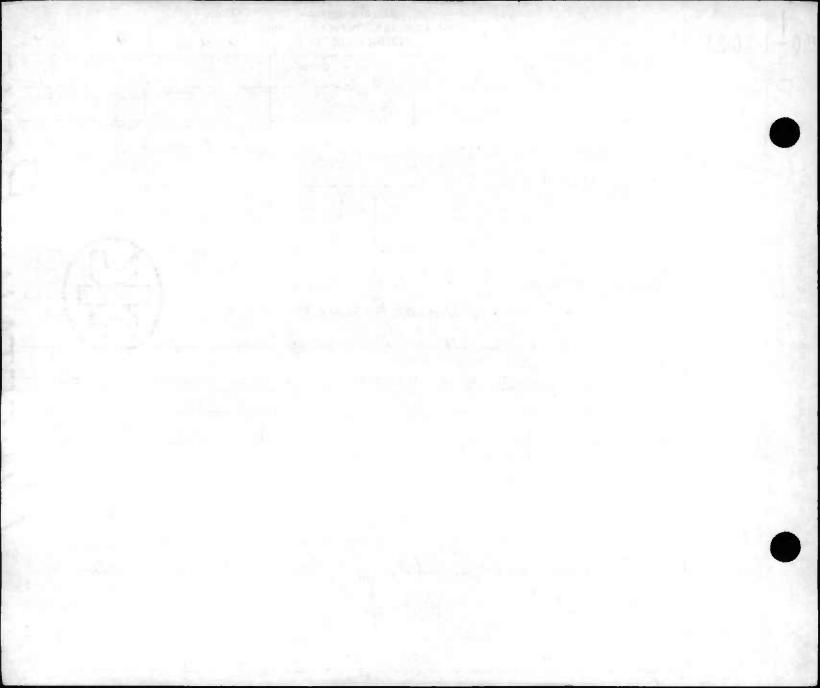
MPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event



4	0039	1.	FOR • STATE REGISTRAR	DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 Ó REG. N	1 5	3 4 0
90 As	deorth 3	(TYP)	CEASED NAME FIRST CORPRINT)  Mari		Bi	Vrpla	20 DATE OF DEATH	6/15/86	638p
44	ador 7	3. SE	Female	Black	S. DATE C	29 40°	6 AGE (IN YEARS LAST BI	RIHDAY)   FUNDER LY MONTHS DA	
	12 12	1	COUNTRY) Carolina	76 CITIZEN OF WHAT COUNT	MARRIE	NEVER MARRIED	2.11	OR COUNTY OF DEATH	
200	39	-	altimore	11. NAME OF HOSPITAL, NU	RSING HOME CONTROL OF TAL		120 USUAL OCCUPAT	1046 GT	D OF BUSINESS OF
1	大彩	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL			130 INSIDE CITY LIMITS?	130 STREET ADDRESS 2129 CTT	ftwood Aver	nue 21213
MAKYL ted —thb	300	14. F/	Willie	Johnson		Mozel 1	WE	Kelly	LAST
IMORE,	Poges /		VAS DECEASED EVER IN U.S. AR NOOR UNKNOWN) (IF YES GIV		8-0413	Rozella White	ADDR Coates 95		oga Stree
Quies that the death certific	signed by the attending phy New please remove coston po to buriel, cemation, ar remov njury, ar other traumatic even	NO	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CONSE	QUENCE OF	Ulmonary  Lesa CA Of L	ang inal disease or con	DITION GIVEN IN PART	f lia
the low or	The property of the property o	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN IN CERTIFYING CAU YES	
DIVISION OF YEL	or althoughing physis After the certificate e or the burnot from oith and Mentral Hyp marked or hern 18 a	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED  NOT WHILE AUGRE  22a.1 certify that (1) (this hosp	ATH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)	211 LOCATION STREET	ED (ENTERNATURE OF INJU		STATE
HOSPITAL OF ATTEN	FUNERAL DRECTOR. and be detached for us th the Store Diept of Her PORTANT. If here 21 is:		saw the deceased alive an	b 115 bit view the body offer deoth.	9 86 an	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA	ate and haur and from	the couses stated  ALE SIGNED
5	1 245 3	23a E	BURIAL CREMATION, REMOVAL	23b. DATE 6/21/86		emorial Park	Randa Mis	town, COUNTY	st^ <b>M</b> d

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue JUN 20 1986



DHMH - 16 60M 7/84 (VRA 15, 4)

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	3	-
REG. NO.		

1		REGISTRAR			CERTIF	ICATE OF DEAT	H	REG. N	0.		4.4
1		CEASED NAME	PMS1	WEDLE		ASY	2			DAY YEAR	26 HOUR
1	STEP			HANIE B		ATOGOWSKI		JUNE 10	1986		10 · 15%
I	1, 5EX		4.	RACE	5. DATE C	OF BIRTH	6.	AGE (IN YEARS LAST BIR	(YADAY)	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
4	FL	EMALE		CAUC.	9	17	72	93	YRS		
Α	Ju Bis	RTHPLACE HILATEO	птонном 76	CITIZEN OF WHAT COL	INTRY? 8 MARRIE	D NEVER MARRI	ED D	BALTIMORE CITY C	R COUNTY	OF DEATH	,
1		POIANC		454	WIDOWE	DIVORC	ED 🔲	BAHIN	DRE	C17	TY MD
1	NI CO	TY OR TOWN OF DE	EATH 11	. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GR		OR OTHER INSTITUTION	ON I	20 USUAL OCCUPAT			FBUSINESS OR
4	DI	BUTIMOR	E	CHURCH	HOSP	ITAL		HOMEN	MAKEK	1	
4	Da. 5	TATE	III COUNTY	HER INSTITUTION GIVE RESIDEN	OR TOWN	13d INSIDE CITY LIA	AITS? 13	STREET ADDRESS	ZIP CODE	,01	21221
4	ne	RYLAND	-	1DAL:	rimore	YES NO	DENI NIAME	1820 HU	0.201	SF	21224
1	14.10	THER'S NAME	ME	Rit	owski	FIRST	IN KN	DWN MIDDLE		LAS	51
1		VAS DECEASED EVE	R IN U.S. ARME		AL SECURITY NO.	17. INFORMANT		ADDR	ESS		21224
ı	17	No	The state of the s	YNK	VOWN	CARL	BAtO	GOWEKI	2820	2 Hud	SON St.
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) CONGESTIVE HEART FAILURE									IIRE	BETWEEN	MATE INTERVAL ONSET AND DEATH
PARTI DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) ARTERIOSCIEROTIC CARDIOVASCULAR DISEASE									AGD		
DUE TO, OR AS A CONSEQUENCE OF CANCER OF THE PANCREA									Z DE		
4	3	Conditions, if on	y, which	(b)							
1		tause is: stoling the DUETO, OR AS A CONSEQUENCE OF underlying cours lost.									
4		- THAT TO SERVE		10						19175	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION									DITION GIVI	EN IN PART 1	0
1	CERTIFICATION	IN. DATE OF OPERATION		THE CONDITION FOR WHICH OPERATION WAS PERFORMED				20a AUTOPSY?		, WERE FINDIN	
4	FF							YES NOW		YING CAUSES	OF DEATH?
1	8	The ACCIONITIONS	EVOCATION DISTRIBUTE	216 TIME OF INJURY		21c HOW INJURY	OCCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 P	ART I OR PART 2)	
	37, 77	OR CONTRBUTING [		HOUR A.M. MON	TH DAY YEAR	The star					
1	MEDICAL	ZIE INJURY OCCU	Company of the Compan	21s. PLACE OF INJURY	and the second second	III. LOCATION	71	CITY OR TO	OWN	COUNTY	STATE
-1	Σ	WHILE ON HOLIWING OF THE PACTORY OFFEE FAMILES STREET STREET							hages		
1	22 19 86 to JUNE 10 19 86 that (I)									that (li we)-last	
1	16	JUNE 10 86 8. and that in (m) (our) opinion death accurred on the date and hour and from the causes state									causes stated
THE STREET OF THE PERSON OF TH									224 DATE	SIGNED	
ATTENDING MEDICAL PHYSICIAN DIRECTOR								DIRECTOR PHYSIC	CIAN	6/10	0/86.
22e ADDRESCHURCH HOSPITAL CORPORA										PORATI	ION
IMPAGITATELLI, WALKER M.D. 100 N. BROADWAY BALTIMORE,									RE, MI	21231	
	23a. B	URIAL, CREMATION			DYNAME OF	METERY OR CREM		23d LOCATION		COUNTY	STATE
1	+	UKIAU		6/13/86	HOLY >	EDEGNE	e Cem		DRE		IND.
	14 17	NERAL DIRECTOR		A A	DERESS 125	SF/EET	25a. DATE R	REC'D. BY REGISTRAR	256 REGISTI	RAR'S SIGNAT	TURE
1	M	KZOKOWS	SKI H	INERAL HOM	B 3t	2/224	JUN,	1 0 800		America de la companya dela companya dela companya dela companya de la companya d	

THE STATE OF 

Own Home 214 Lambeth Rd., 21218 Giles 94708 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? CITY OF TOWN STATE and that in (m) (our) opinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED STAFF 6/22/86 DIRECTOR PHYSICIAN PORTANT the the UNION MEMORIAL HOSPITAL MICHEAL GLOTH M.D. 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE Balto. Entombment 6/25/86 Lorraine Maus. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 firma waydoon-Mandasa (VRA 15, 4) 4905 Yor.k Rd., Balto., MD 21212

STATE OF MARYLAND

26 HOUR

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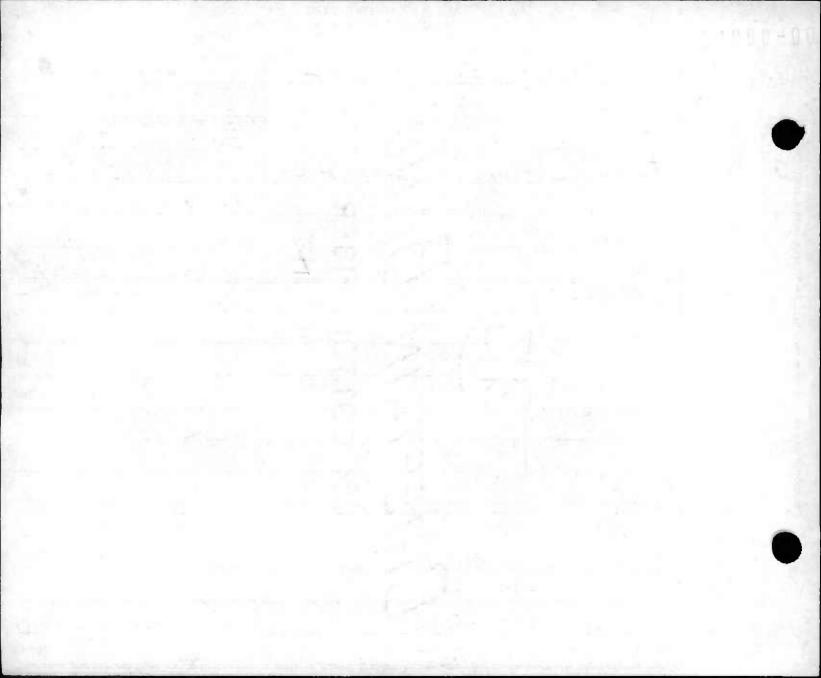
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HECE York Fulto, , vio. 21218

7	1		1.	FOR	DEPARTME	STATE OF MARYLAND NT OF HEALTH AND MENTA	A HYGIENE	1 6 7 16 9
-	na	121	1-	STATE REGISTRAR	MEDICAL EX	AMINER'S CERTIFICATE	OF DEATH O	00097
	0 0	121	1. DI	ECEASED NAME FIRST	WIDDLE	LAST	26. DATE KNOWN V	
		38 8 8 E	("	Ruth		Behn	OF ESTI-	6-9 19 86 M
		PLEASE ECTOR. ? FILES. HOURS	3. SE	X 4 RACE	MONITH DAN MEAN		DER 24 HRS 2c. DATE	MONTH DAY YEAR 24 HOUR
		DIRE DUR DN S	F	'emale White	Aug. 21, 1925	60 YRS. MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	6-9 19 86 a. M
		IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. ED. WITHIN 72 HOURS WESTON STREET,	70. E	SIRTHPLACE (STATE OR OREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MA	ARRIED 7. BALTIMORE CITY C	OR COUNTY OF DEATH
		NO SON SON SON SON SON SON SON SON SON S		oreign country) alto., Md.	U. S. A.	WIDOWED DIV	ORCED   Baltimore	City, MD.
	J	こまで言る」(	7100	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME, OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION (TYP	OR INDUSTRY
	7	DELAY I	-	Baltimore	226 N. Milton	Avenue	Office Work	er - Oil Co.
	201	SEA SEA		STATE 135 COL		TOWN 138 INSIDE CITY LIMITS	57 13e STREET ADDRESS	
	. 21	SHOE SHOE		Md	Baltii		□   226 N. Mil	ton Ave21224
	, MD.	H-XOZ	14. F	ATHER'S NAME	MIDDLE	15. MOTHER'S MA	MIDDLE	LAST
10	ORE	ASSES -	11/2	Henry WAS DECEASED EVER IN U.S. A	Behn	SECURITY NO. 17. INFORMANT		Bauer
	BALTIMORE,	JRS AFTER DI WITH FORM WITH FORM F. PAGES 1 A	100.	YES, NO, OR UNKNOWN) I (IF YES, GIV	/E WAR OR DATES)	SECURITY NO. 17. INFORMANT	Baltimore, ADDRESS	Ma. 21224
	BAL	S AN GIV PAC IVIS		No	- IUNK		rotny A. Kels	o-229 N.Kenwood
	ST.			DADT LOT ATLIBUTED CALLS	only one couse per line for (o), (b), one ED BY:	* * *	mulam Diagram	AUE APPROXIMATE INTERVAL
	NO	ITEM 1 LONG PERMI GIENE,		IMMEDI	ATE CAUSE (o) ALTELLOSC.  / DUE TO, OR AS A CONSEC	lerotic Cardiovas	cular Disease	
	REST	HIN AND HIN		Conditions, if ony, which		OLIVEE OF		
	×. P	ED WITHI PENCIL AMINER L-TRANS MENTAL I		gave rise to immediate couse (a) stating the unde		LIENCE OF		
	201 W. PRESTON ST.,	NAEL-		lying couse lost.	DOL TO, OK AS A CONSEC	other or		
	DS.	2 200		PART 2 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDITION GIVEN I	N PART 1 in	
	DIVISION OF VITAL RECORDS.	D BE EXEC PENDING" MEDICAL AS A BUI EALTH AN	Z					
	- E	HIEF WHIEF WISED A OF HEA	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED?		20 AUTOPSY?
	AT/	00=00=	J E					YES NO XX
	9	ATE WEN WEN WEN		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	ON	CERTIFICATE WITHOUT THE WOED TO THE 3 SHOULD PEPARTMENT PRIOR TO F	MEDICAL	CONTRIBUTING CAUSE OF		19		
	IVIS	DEP I	MED	21d. INJURY OCCURRED WHILE DOT WHILE	21e PLACE OF INJURY (A' STREET, FACTORY, FARM, ETC.)	THOME, 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	۵	WARE WARE TATE	1	WHILE AT WORK				
		TO MEDICAL EXAMINER: THIS CIRTIFICATE SHE EXECUTE THE CERTIFICATE, WRITING THE WORL PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE DATTER DEATH, WITH THE STATE DEPARTMENT O BATTEMORE, MARYLAND, 21201 PRORTO BUR	10		rge of the remains described above, h	eld on Autopsy , Inspe	ction , Inquiry XX, on	nd in my opinion
		MIN SE FERENCE PER PER PER PER PER PER PER PER PER PE		death resulted from: Not	ural causes XX, Accident	, Suicide , Homicide	Undetermined monner .	
		EXAMI CERTIFICATION BE DIRECTORIES OF WITH			- 0 M	10 TITLE (SPECIFY	)	
	1	AN HERE		SIGNATURE MOL	yant me 16	M.D. Assista	ant MEDICAL EXAMINER	DATE SIGNED 6-9-86
		NOF WOR	15	EXAMINER'S NAME	1	W D 111	D 01 D-11-	443 03003
		TO MEDICA EXECUTE THE PAGE 4 SH TO FUNER/ AFTER DEAT	1	(TYPE OR PRINT) MALC	garita A. Korell,	ADDICOS.	Penn St., Balto	., Md. 21201
		E M C F K B	230.1	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial		E OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	07/84 25M	BP	74 5			imore Cemeter	JE BEC'D BY REGISTRAD 174 DEC	, Maryland
		DHMH - 17	30	NAME DO 1 + 3	A. HOTOR, Inc.	Funeral Home	JUN 1 1 PAR	STRAKES SIGNATURE
		(VR A15 ME (5))	2	oo E. Buttim	ore St.; Balto.	, Mu. 21224.		

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harles S. Zeiler & Son Inc. 6224 Eastern Ave.

FOR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

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% % % <del>C</del>	(14)	PE OR PRINT)	Ann	na	C	Ber	nett	OF ESTI-		25 19 86	
FILE	3 SE		RACE	5. DATE OF BIRTH	6 AGE (INY	EARS IF UND	DER 1 YR. IF UNDER		монтн	DAY YEAR 2d H	
SY. P		emale	black	8 29	1906 79 Y		DAYS HOURS	MIN PRONOUNCED DEAD	6	25 19 86 11a	05
CESSARY, PLEASE FEAL DIRECTOR. OR YOUR FILES. MIHIN 72 HOURS PRESTON STREET,	70 B	RTHPLACE (STATE	OR	76 CITIZEN OF WE		Ta .	D NEVER MARR	P. BALTIMORE CI			
A STATE OF S		Md		USA		WIDOWE			e City,		M
/ 2888 C	10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOS	PITAL, NURSING HOM	E, OR OTHE	R INSTITUTION	120. USUAL OCCUPATION	(TYPE OF WORK 1	2b. KIND OF BUSINES! OR INDUSTRY	5
1 20 8 8 8 0 O	I	Baltimore			d General		cal	Unemploy		OK 11 1003   K1	
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一人 岩川冬季節立部		Md	100 0001	participation of the Control of the	Baltimore		YES X NO		rison B	lvd 21216	
\$ 1.00X	14. F.	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME MIDDLE		LAST	
A ANGEL	J	oseph			Barnes	30.00	Lottie				
W SECOND		WAS DECEASED ET		MED FORCES? WAR OR DATES)	166 SOCIAL SECURIT		17. INFORMANT	ADDI		3rd Floor	r
MALT SACE SING SING SING SING SING SING SING SING		No			219-16-62	71	Joseph Ber	nett 2510 Dr	uid Hil	l Avenue	
2 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		18 CAUSE OF D	EATH (Enter and	ly one cause per line	for (o), (b), and (c).)				100	BETWEEN ONSET AND DE	AL EATH
N S H H C S N S S N S S N S S N S S N S S N S N		PARTIDEATI	IMMEDIA1	TE CAUSE (a) Art			ardiovascu	lar disease			
ECORDS, 201 W. PRESTON IN BE EXECUTED WITHIN 24 HARDING" IN PENCIL IN ITEM MEDICAL EXAMINE A COMPANY AS A BURIAL - TRANSIT PEN ALTH AND MENTAL HYGIBM CREMOIVAL		Conditions	if any, which	DUE TO, OR	AS A CONSEQUENCE	OF				TO THE COL	
NA NE REE	4	gave rise	to immediate	(b)							
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EXECUTED NG" IN PROCESS OF IT IN IT IN PROCESS OF IT IN IT		ALDY A GYUER CICHUS	ACAME COMMITTEE	(c)							
RECORDS.  ID BE EXECPENDING: MEDICAL  A SAS A BUI FINALTH AN CREMATIN	z	PAKEZ OTHER SIGNIF	ICANI COMBILIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER/	AINAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 10.			
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OF VITA  OF VITA  ATE SHO E WORD THE CHILL THE	1 5	21a EXTERNAL C	AUSE WAS	21b. TIME OF	INJURY	71r HO	W IN ILIRY OCCURRE	D (ENTER NATURE OF INJURY IN ITE	M 18 PAST 1 OR PART	YES NO	X
N THE AT TAKE			OR		MONTH DAY YEA	R	The state of the s			•,	
DIVISION S CERTIFIC RITING TH RDED TO S E 3 SHOU E DEPARTI	MEDICAL	CONTRIBUTING			DF INJURY (AT HOME,	21f. LOC	ATION				
DIV REPE	X		T WORK	STREET, FACT	ORY, FARM, ETC.)	ST	REET	CITY OR TOWN	COUN	ATY STA	ATE
ISSET								v			_
EXAMINER: CERTIFICATI JLD BE FOR DIRECTOR: WITH THE:				[]	cribed abave, held on	Autapsy			ond in my opir	nion	
EXAMI CERTIFI DID BE DIRECT WITH	1	death resulted f	rom: Natur	ral causes X,	Accident L., Si	uicide,	Hamicide	Undetermined manner	_,		
A SOUTH A		ACTUAL SIGNATURE	July	do. Me	Hall	AA 1	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE	6/26/86	
SEAT SEAT	7	SIGINATORE	4		1000	, M.L	D. MODIS COM	C MEDICAL EXAMINER	SIGNED	0720700	
AEDIA GCUTE GG 4 3 FUNE TITMO	-	(TYPE OR PRINT)	Marg	garita A.	Korell, M.	D. ,	ADDRESS 111	Penn St. B	alto.MD		
TO MEDICAL EXAMINER: 1 PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE SI BALTIMORE, MARYLAND, 5	23a. B	URIAL, CREMATIO		3b DATE	23c. NAME OF CE			23d. LOCATION	COUNT	Y STATE	
07/84 BP		Buria		7/2/	86 Baltimo	re Ce		Baltimore		MD	
25M DHMH - 17	24. F	UNERAL DIRECTO	R	ADDRESS			25a. DATE	REC'D. BY REGISTRAR 25b. I	REGISTRAR'S SIC	GNATURE	

(VR A15 ME (5))

March Funeral West 4300 Wabash Avenue

				STATE OF MARYLAND		
0-09615	1	FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	6 3 5 4
		CEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
be be	TIAN	Lillia Lillia	n L	Bennett	06 /2	2 86 700 pm
A A A	3.58		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 00	10	+	Caucasion	OS OT DE	78 YRS	MONTHS DAYS HOURS MIN.
E E E	200	MITHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	2V2 8	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 12	1	Hd.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	BaHmo.	
W 35	To c	ALLIAN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION REET ADDRESS)	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LII HOME MAKE	
A	PSU		OR OTHER INSTITUTION GIVE RESIDENCE BE			
B	17	1d 136/01	A GLEN	BURNIE YES D NO BE	130 STREET ADDRESS / ZIP CODE	e Circle 2100
1 13 4	14. E	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	IZAL
ond on o	0	Charles	Frice	h Clava		ward
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# 15 P	4	NO	220-0	5-4201 WARREN B	OJARSKI Rt 2:	
1 100		18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (b),	ond ic-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 21		PART I. DEATH WAS CAUS	ATE CAUSE (O) RESpire	atory failure		10 Min.
2 ( 5 10 6)	17	9289	DUE TO OR AS A CONSEC	QUENCE OF	P. 1. July 3	- /
	1	Canditions, if any, which	( 1b) Lespir	atory arrest, Cer	ebral injury	3days
1 744		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF		31.1
that solve in oth		underlying cause lost.	(c) MUCOU	s Plug		3 days
1 111 1	1,	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING 1	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
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4 4 6 6	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		YING CAUSES OF DEATH?
4 0 0 0 0 d	1	6/3/68	Kespirato:	Hombromise	YES NO YE	
NA STER		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18 F	PART I OR PART 2)
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4 4 4 4 9 P	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	CE FARM, ETC   STREET	CITY OR TOWN	COUNTY STATE
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## 055 £		sow the deceased alive a abave, (1) (we) Idid) (did n	not) view the bady after death.	, and that in (my) (aur) apinior	death accurred on the date and hav	and from the causes stated
8 H H H H 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	9	22b. SIGNATURE	al.	DEGREE	22473	22c. DATE SIGNED
Z 388 E		pillal	Here	MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6/12/86
TAN THE		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e. ADDRESS		
O HO: etoinec TO FU! should b with th		Michael	Grass	1225.6		Howe Md.
T 5 F 2 7 4	23a	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY		בויהור יועטטיה
BP		Burlal		Cedar Hill Cemet		A.A. Md.
DHMH - 16 60M 7/B4		UNERAL DIRECTOR Bal	timore, Md ADDRES		UN 1 7 1000 Alia	
(VRA 15, 4)	G	eorge J. Gon	ce 4001 Ritc	hie Hgwy.	UN 1 / 1986 Gulian	Davidson-Rand

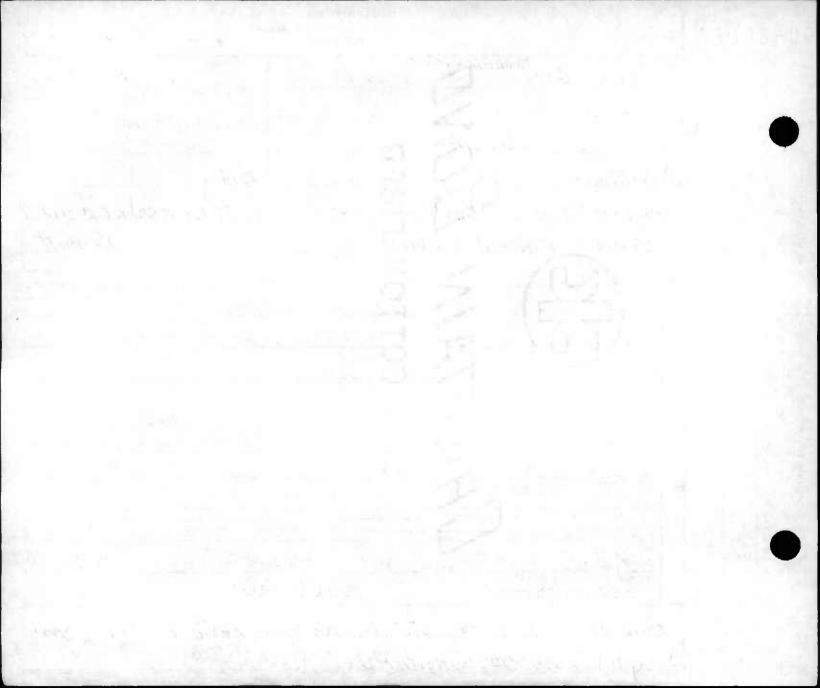
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24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

258 REGISTRANSESIO



N - 1	19741	1-	FOR STATE REGISTRAR	DEI		EALTH AND MENTAL HYG	S S REG. NO.	163	5 6
	odeo the code		Rich	chard MIDDLE T	Be 5. DATE O	Bentley Sr.	20 DATE OF DEATH MG	0-14-86	26 HOUR 1250 M
	rector.	2	nale	Cancasia	1 2		96	YRS DAYS	HOURS MIN.
	merol di in 72 ho		ethplace (state or foreign aryland	U.S.A.	MARRIEI WIDOWE		Baltimore city or	CLLY	MD.
5 Y	14	Bo	14 OR TOWN OF DEATH	11. NAME OF HOSPITAL, NIF NOT IN SUCH FACILITY, GIVE	E STREET ADDRESS)	ROTHER INSTITUTION  ROLLHMORE	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	VORKING LIFE) INDUSTRY	F BUSINESS OR
AND FIZ	The state of the s	130 5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	OTHER INSTITUTION, GIVE RESIDENCE	EBEFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / 2 5829 Dark		21215
MARYL	ampletely ond 2 s		THER'S NAME FIRE dward		tley	Unknou	allie MDOLE	Chandle	e
BALTIMORE,	Do execution in the control of the c	1		VE WAR OR DATES	USECURITY NO.	Rhea M. Ber	ntley Walke	er Mews Ap	
T., 8AL	Thirticote I			nly one couse per line for 10), ED BY: TE CAUSE (a) FALU		three		APPROXIM BETWEEN O	MATE INTERVAL PHSET AND DEATH
I W. PRESTON	that the death cer by the attending lose remove corba ol, cremation, or re rather traumatic	74	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CON  (b) OSSC  DUE TO, OR AS A CON  (c)	u ceu	cancer of	face		
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DIVISION OF VITAL RECORDS.	The low incident.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES ( YES []	IGS USED OF DEATH? NO [
OF VIT	ICIAN: The physicio physicio errificote iol-tronsit intol Hygie em 18 sho		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	1216 HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY )	NITEM 18 PART I OR PART ?)	
IVISION	DING PHYS or offending After this c e os the bur olth and Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	d COUNTY	STATE
	ATTENI ospital ECTOR: d for us t. of He m 21 is		220.1 certify that (I) (this hosp sow the decayed alive or above. (I) (we) (did) (did no 22b. SIGNATURE	ottended the deceased  O - +	.19.80 , or	d that in (my) (aur) prinion of			
	the the proches		22d PHYSICIAN'S NAME (TYPE OF	OR PCINT)	)	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIA	11-01 CO-11	4-86
	TO HOSPITA retoined by TO FUNERA should be de with the Stot	23a I	Mary TI	John M	231 NAME OF C	Smar Hass	lal Bollo	more Ma	2007
	BP		Crematio UNERAL DIRECTOR			ty Process	Baltime E REC'D. BY REGISTRARIZS		Md.
	DHMH - 16 50M 4/83 (VRA 15, 4)		emation Soci	ety of Md.	Inc. Ba	SECONDARIO DE PRODUCTO	N 1 7 1986	Ma Deviden	Popla Ch

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 (20

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. N	10.	1	6	3	5	1
FOF	DEATH						_

REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.		0	
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3. SEX	1000	4 RACE		5 DATE C		6. AGE IN	YEARS LAST BIRTHDAY	Y) IF U	INDER 1 YEAR	
Female		Whit	e	MONTH			86	YRS	THS DAYS	HOURS MIN
70. BIRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMO	ORE CITY OR CO	OUNTY OF	DEATH	
Maryland		U.S.	Α.	WIDOWE		Bal	timore	City		MI
10 CITY OR TOWN OF	DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	120 USUAL	OCCUPATION			OF BUSINESS OF
Baltimore	2		Wilkens		e	1	er for most of wo	RKING LIFE]	INDUSTRY	
USUAL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)					16 17	
Maryland	136 COUN	TY	Baltim		13d. INSIDE CITY LIMITS?		Wilken		muo	21229
14 FATHER'S NAME			Daitill	ore	15. MOTHER'S MAIDEN NA		witken	s ave	nue	21229
FIRST	-	AIDDLE	LAST		FIRST		MIDDLE		LA.	AST
John 16a WAS DECEASED EV	(CD IN) II C ADI	ALD LODGES	Full		Florence		ADDRESS		1	Unknown
(YES, NO OR UNKNOWN		E WAR OR DATES)								01000
NO		- T- 41	213-74-	3205	Theresa P. B	arlow	3837 W1	lkens		
	ATH (Enter on		liperfar (a), (b), an	dicin	. 7	0.	4		BETWEEN	XIMATE INTERVAL NONSET AND DEATH
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		DUE TO, O	R AS A CONSEQUE	ENCE OF,						
Conditions, if o		( (b)	13	CNI	<i>D</i>			MIG.		
gave rise to cause (a), st		DUE TO. O	R AS A CONSEQUI	ENCE OF				politica		
underlying co	use last.	(c)_		M.		No.				
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190 DATE OF OPE	rhage	al try	mer. 1	ank	insonion	, De	men t	,a		
190 DATE OF OPE	RATION	III. COND	ITION FOR WHICH		N WAS PERFORMED	20a AUT				INGS USED
JI -	-			-		YES []	NOD	YES T		S OF DEATH?
21a. ACCIDENT WAS	UNDERLYING			7.7	21c HOW INJURY OCCUR	RED (ENTER N	6-9	ITEM 18 PARI	1 OR PART 2)	
OR COLUMNIA INC.	_	IH	M. MONTH D			_				
CIF EITHER NOTIFY		21e. PLACE	M. OF IN ILIRY	19	211. LOCATION	71117				
WHILE NO	T WHILE		REET, FACTORY, OFFICE, P	FARM, ETC.)	STREET	. 9 4 1	CITY OR TOWN		COUNTY	STATE
AT WORK AT	WORK			6	10 84		An	.0	25	
	(IV) this haspit		e deceased from_	027	nd that in (my) (aur) apinian	dooth occurs	7.000	19.	70 .	, tha (1) (we) las
abave(1)(w	e) (did (did not	wew the body				death occur	ed on the dote o	ina nour ar		
226. SIGNATURE	nn 2		-		DEGREE ATTENDING *	MEDICAL	STAFF		77c. DATE	E SIGNED
	111	1			ATTENDING PHYSICIAN	DIRECTOR	PHYSICIAN		6	-11-8K
224. PHYSICIAN'S			193	n	22e ADDRESS	11	0.	10-	- 21	129
1) 11	1 RULL	na un	Mr. M-		1400/11/1	bours	MIR-1	over	1 H	111

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician. BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept: of Health and Mental Hygiene prior to burial, cremation, or removal

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, or other traumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

Burial 6/19/86 Loudon Park Cemetery
14 FUNERAL DIRECTOR 21229
HUBBARD Funeral Home, Inc. 4107 Wilkens Ave.

236 DATE

236 BURIAL, CREMATION, REMOVAL

23d LOCATION
Baltimore

Maryland

BY REGISTRAR 256 REGISTRAR'S SIGNATURE Julia Savidon-Rong

Tandur Sannes Tandur Sistais The state of the control of the state of the

0-09106	- CTATE	LATE OF DEATH  REG. NO.	8
	DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR	W.
oge 3	John Melvin Berna	ado4 6 9 86 8:15	PM
e 4 mo	Male A. RACE White S. DATE OF E	BIRTH DAY YEAR 2/4 8 37 YRS. IF UNDER 1 YEAR IF UNDER 24 HOURS IN	AIN.
Pour Pour	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8.	NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	
nero na 72	North Carolina U.S.A. WIDOWED		MD.
by the fu	Baltimore  11 NAME OF HOSPITAL, NURSING HOME OR OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OR HOME OF HOSPITAL, NURSING HOME OR OF HOSPITAL, NURSING HOME OR O	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	OR
AND 212	Maryland Baltimore Essex	38. INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE 9 Estero Place 21220	
WARTH	John M Bernadou Sr.	s. MOTHER'S MAIDEN NAME Elizabeth Thilmany	
TIMORE, Co.	THE SEC CHIEF WAR ON DAILS	7 INFORMANT ADDRESS Towson, MD/ Catherine Bernadou 740 Camberley Circle 2	
The state of the s	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY:	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEA	ATH
4000	IMMEDIATE CAUSE (a) Cardiac	c Amest	
NO # post	DUE TO, OR AS A CONSEQUENCE OF	6	
deo deo otte otte	Conditions, if any, which (b) April 4	U min	-
that the same of t	cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF	bral Hemorrhage 3 days	2
RDS, 20 equires the spinor of the plant injury, 0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o	
Na for the formal property of the formal prop	190 DATE OF OPERATION 1906 CONDITION FOR WHICH OPERATION VI	WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO	
FVIII. T Dhysici ficate		21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2)	
N 00 00 00 00 00 00 00 00 00 00 00 00 00	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21b PLACE OF INJURY 2	ZII. LOCATION	
WG PHO affects of A	216. INJURY OCCURRED  216. PLACE OF INJURY, OFFICE, FARM, ETC.]  AT WORK AT WORK	STREET CITY OR TOWN COUNTY STATE	E
N N N N N N N N N N N N N N N N N N N	22a. I certify that (I) (this haspital) attended the deceased from	19 86, to 6/9, 19 86, that (It (we)	) last
Sept 2	above, (1) (we) (did) (did not) view the body after death.	that in (my) (aur) apinian death accurred on the date and hour and from the causes state	d
A 2 4 4 4 4	22b. SIGNATURE DE	GREE 221. DATE SIGNED	00/
1 4 4 4 4 5 4 5 4 4 4 4 4 4 4 4 4 4 4 4	Jely John	PHYSICIAN DIRECTOR PHYSICIAN	6
HOSPI Seried b TUNE OCRTA	Oary ApplebaummD	Francis Scott Key Med Cntr.	
5 5 5 2 1 3	1 CARCHEVI	METERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE	F
BP	Cremation June 11,86 Security	Process Inc Baltimore Co MD.	
DHMH - 16 60M 7/B4	24 FUNERAL DIRECTOR Dippel Funeral Homes Inc	250. DATE REC D. BT REGISTRAN 250. REGISTRAN S SIGNATURE	
(VRA 15, 4)	7110 Belair Road Baltimore MD 21206	JUN-11 1986 standar standard	nê .

STATE OF MARYLAND

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DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE BROWNO. 1 6
E	LAST	20. DATE OF DEATH MONTH DAY YEAR
YrtL.	Berner	6 19 86
	S. DATE OF BIRTH  MONTH DAY YEAR  3 11 1907	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS
AT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH
PITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b. KIND

FOR - STATE REGISTRAR DECEASED NAME 2b. HOUR (TYPE OR PRINT) ouise 3. SEX 4. RACE IF UNDER 24 HRS 7a. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHA CITY OR TOWN OF DEATH NAME OF HOS OF BUSINESS OR (IF NOT IN SUCH FAC Battimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 14 FATHER'S NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),1 PART I. DEATH WAS CAUSED BY: 2515 IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF reciponit Conditions, if ony, which gave rise to immediate couse (o), stoting the underlying couse lost. ulcor renkroculaneous titulo CERTIFICATION tailure CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Ruschenal ulcer 500 NO [ 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 270 I certify that (1) (this hospital) attended the deceased from sow the deceased alive an above (M)(we) (Rid) (did not) view the body after death. and that in my (our) opinion death accurred an the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) re, Ball CREMATION, REMOVAL BY REGISTRAR 256. REGISTRAR'S SIGNATURE

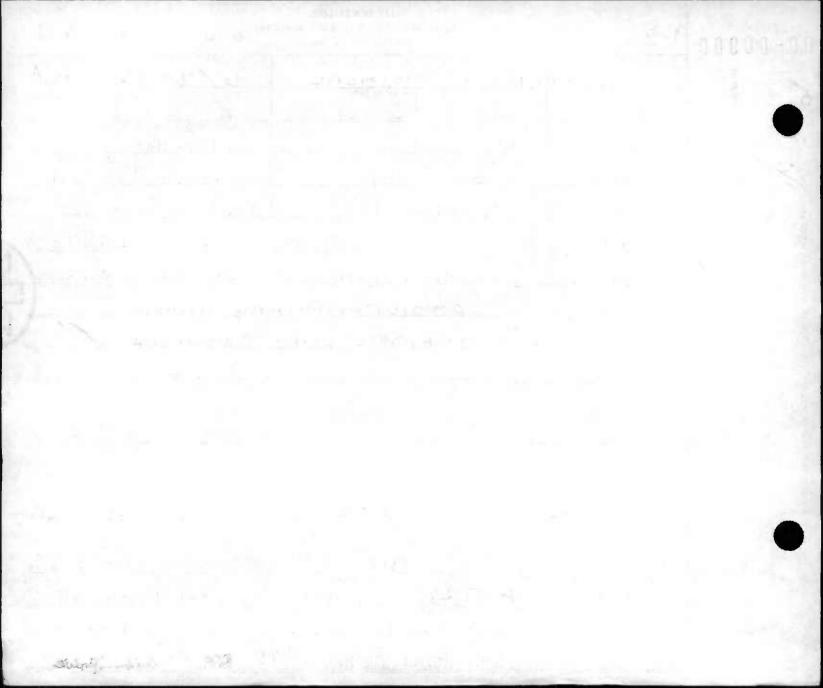
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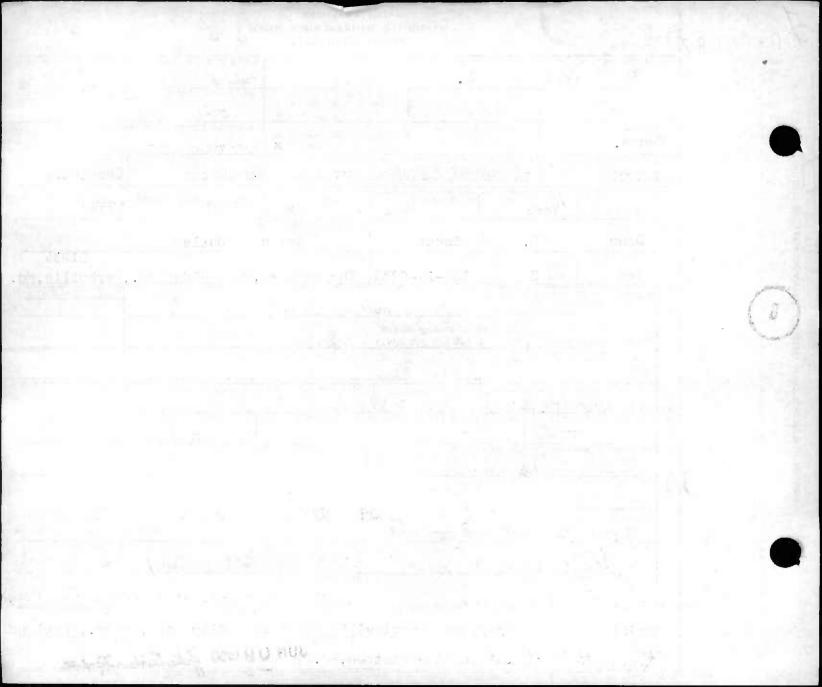
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DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2 1720	n 6
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6	NORNG PHYSICIAN. The law requires that the death certificate be executed within 24 hours of all as extending physician.
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10-	0890	00		FOR STATE REGISTRAR				ARTMENT O	ATE OF MARYL HEALTH AND IFICATE OF	MENTAL HY	0	6 REG. NO		6 3	6 0
	e ne			EASED NAME DR PRINT)	FIRST		MIDDLE		LAST		20 DATE C	F DEATH W	ONTH DAY	YEAR	26 HOUR
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5_	4 65		1 SEX		14	RACE			E OF BIRTH	YEAR	6 AGE (IN	YEAR'S LAST BIRTH		UNDER TYEAR	HOURS MIN.
	200	-	1	Male		Whit			t. 30	1.4		71	YRS		
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2	111	3/1	10 CIT	Y OR TOWN OF DEA	TH 1			URSING HOM STREET ADDRESS)	E OR OTHER INS	NOITUTIT		OCCUPATIO		12b. KIND C INDUSTRY	F BUSINESS OR
00	6 83	27	1	Baltimore		Bon Se	ecours	Hospit			Auto	Mechar	nic	Auto	Repair
TAND 2 F	ha 24 hou hy tilled in hould be	6	Ma	residence (IF NURSI aryland	NG HOME OR O	THER INSTITUTION Y	13c. CITY OR		13d INSIDE	CITY LIMITS?	42 S.	ADDRESS / Fulto		nue, 2	1223
AR	1 47 5	3///	1	FIRST		F.	Di			FIRST		MIDDLE		Chris	ctlor
Z.	5 8-7	9/4	16n W	Daniel AS DECEASED EVER				nge l		izabeth	1	E.	S	CILIS	sciel
O	000	1/1		S. NO OR UNKNOWN		WAR OR DATES!					alam f			a, Ct	21205
5	4 5	1	_	NO 18 CAUSE OF DEATH				8-9274	Marie	L. MOI	lan,	0025 MC	Eldell	y SC.	, 21205
RDS, 201 W, PRESTON ST	equires that the death cert in signed by the attending. Then please remove carbor to burial, cremation, at re-	injory, ar other traumatic ev	NOI	Conditions, if any, gave rise to imm cause (a), stating underlying cause	ediate g the last.	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONS	SEQUENCE OF		UNIC		m C L		IN PART 11	0
T RECO	has been been period	9	CERTIFICATION	90 DATE OF OPERAT	10N	196 COND	ITION FOR W	HICH OPERA	ION WAS PERF	ORMED	20a AUT	OPSY?	20b. IF YES, V IN CERTIFY II YES	NG CAUSES	OF DEATH?
A OF VITA	SECIAN: Ti ng physici certificate riol-transit entol Hygii	de 18 de	CAL	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	P.	M. MONTH	H DAY YEA	9	NJURY OCCUR	RED (ENTERN	IATURE OF INJURY	IN ITEM 18 PART	1 OR PART 2]	
IVISION	attendo ter this on the by	rked or	MED	21d INJURY OCCURR	ILE 🗀	21e PLACE (AT HOME, STE		OFFICE, FARM, ETC	211 LOCAT			CITY OR TOW	īN	COUNTY	STATE
•	ALCR ATTENDED on the heapthol or ALCRECTOR ALC	d, if hem 21 is ma		22a I certify that (I) sow the decease above, (I) (we find	-			C	and that in (my	ATTENDING PHYSICIAN	MEDICAL				
	O FUNER Novid be of	MPORTAN		50 HA	Me ITTHE CA	HAL	FIR	-5	220 ADDRE	00 0	Un51		LTINO	אוז	51.
	25 433	-1		URIAL, CREMATION,	REMOVAL	23b. DATE			F CEMETERY OR			Y OR TOWN		COUNTY	STATE
	BP	-		Burial		6/1	1/86	Lorra:	ne Park			odlawn	Balt	timore	
	DHMH - 16 60M	7/B4	24 FU	NERAL DIRECTOR			ADD	RESS	21220	JU DA		REGISTRAR 2			
	(VRA 15, 4		Huk	bard Fune	ral Ho	me, In	c., 41	07 Will	kens Ave	. 301	19	386 T	dia Nain	down To	inde the



DIVISION OF VITAL RECORDS, 201 W. PRESTON-ST. KALTIMORE, MARYLAND 21201	70
B AND SET A DR ATTENDISC SHANGE IN the low incomes that the dark conficed his executed within 24 hours often death. Pane 4 may be	U-
uned by the bapital ar attending physician.	-
DELINERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled suby the functor, page 3 could be described for use as the burish-trainit permit Then please remove carbon pages. Pages 1 and 2 it wild be the designed within 72 hours after death	8
off the State Digst, of Health and Mental Hygiene prior to buriet, cremation, or removal.	9
POSTANT: if them 21 is marked or them 18 shows only injury, or other traumatic event, the medical and have not detect of the	1

1						STATE	OF MARYLAND					
	1.	FOR STATE			DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE A	1 6	3	6	
2	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME	FIRST	N	IDDIE	1	AST	20. DATE OF DEATH	MONTH DAY	AY YEAR 26 HOUR		
	(ITPE	OR PRINT)	John		L.	B	isker	Austeria	06 03	86	1:53 2	
	1. SE		9	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		DER I YEAR	IF UNDER 24 HRS	
	/	male		white		MONTH 3	DAY YEAR	62	YRS.		HOURS MIN.	
6	70 BI	RTHPLACE (STATE OR OUNTRY)	1	USA		WIDOWE		9 BALTIMORE CITY C		DEATH	MD.	
3		TY OR TOWN OF DE.  LTIMORE	ATH .				LTIMORE MD	Carpenter	OF WORKING LIFE)	DUSTRY	entry	
5	Usu/	AL RESIDENCE (IF NUR	136 COUN	TY	13c. CITY OR TOV		13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	/ ZIP CODE	7352	2999	
11	E FA	THER'S NAME		DD15	LAST		15. MOTHER'S MAIDEN NA	ME				
1		John	Î	APDLE	Bisker		<sup>FRST</sup> Sara	h Butle		LAS		
2		VAS DECEASED EVER		MED FORCES?  WAR OR DATES)	16b. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	ESS	2	21234	
2		YES, NO OR UNKNOWN)	Yes WW		183-14	-8936	Thelma Goad, 2704 Alden Rd., Parkville, M					
	CERTIFICATION	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS										
1	THIC		-			O		YES NOX	IN CERTIFYING	CAUSES	OF DEATH?	
7	100	210. ACCIDENT WAS UN OR CONTRIBUTING [	CAUSE OF DEA	10	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)		
	MEDICAL	21d. INJURY OCCUR	ние 🗍	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE	
		22a. I certify that (I sow the decea above, (I) (we) ( 22b. SIGNATURE		/	6	\$6.01	nd that in (my) (our) apinion DEGREE ATTENDING	MEDICAL STA	FF \_/	-		
1		72d. PHYSICIAN'S N	AME ITYPE OF	PPINT			PHYSICIAN   22e ADDRESS	DIRECTOR PHYSICIAN D				
		S	·Ba	wow	S		hoch Ray	en Vetero	us Ho	SQ.	Balt. M	
	230 E	BURIAL, CREMATION	, REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d. LOCATION	ro	UNTY	STATE	
		urial		6/6/	1986 N	orris	ville Cemete	ry White	Hall, Bal	lto.,	Maryland	
	NH	Kennet	tw.	Preh	un Stew	artst		U 9 1900 fu	25b. REGISTRAR		URE	



00-10103	11.	STATE REGISTRAR		DEFARI		ICATE OF DEATH	REG. I	10	0	Q G
oth oth		CEASED NAME FI		MIDDLE	BIV	ENS	2a. DATE OF DEATH	MONTH DAY	YEAR O/	26 HOUR
je 4 may be ctor, page s after deat	3 SE		RACE	0	5. DATE C		6 AGE (IN YEARS LAST B	MONT	NDER I YEAR	IF UNDER 24 H
eath. Pageral dire		RTHPLACE (STATE OR FORE) Md	GN 76 CITIZEN OF USA	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY BALTIMORE		DEATH	
The feet	В	ALTIMORE	UNION	MEMORIAL	HOSP	OR OTHER INSTITUTION  ITAL	12d. USUAL OCCUPA  (TYPE OF WORK FOR MOST  laborer	TION 1	NDLISTRY	f BUSINESS
BALTIMORE, MARTIAND 2120 cote be executed write 24 ysicion and completely filled in by ppers. Pages 4, and 2. Cond by vol. t; the medical examine must be in	5 130. 3	Md	COUNTY Somerset	13c. CITY OR TOW Chance	/N	13d INSIDECITY LIMITS? YES 🔀 NO 🗌	Toddvil	ZIP CODE Le Rd.,	218:	16
omplet		Charles	Edward			Sarah	Jane		liam	S
TIMORE be exect on and c s. Pages.		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)			Charles Pin	ikett, Cha		1. 2	1816
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. NG PHYSICIAN. The law requires that the death certifical attention physician.  Wher this certificate has been signed by the attending phys os the burial-transit permit. Then please remove carbon part and administration for temove and this please remove carbon part and administration for remove and the please prior to burial, cremation, or remove orded or them 18 shows any injury, or other traumatic event,	7	Conditions, if ony, wh gove rise to immedi couse (a), stating underlying couse li	CAUSED BY:  MEDIATE CAUSE (o)  DUE TO, O  ich offe (b) DUE TO, O  ost. (c)	R AS A CONSEQUI	PULF ENCE OF	NOT RELATED TO THE TERM		ndition Given II		MATE INTERVAL INSET AND DEA
TAL RECORD The law requiction. It has been sets the has been set generating the prior for the prior for the standard only injury.	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING YES	G CAUSES	
SION OF VII PHYSICIAN: ending physis this certifical the burielly Hyg	MEDICAL C	OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 216. INJURY OCCURRED	E OF DEATH HOUR A.  (AMINER) P.  21e. PLACE	M. MONTH DA	AY YEAR 19 ARM, ETC )	211. LOCATION STREET	KED (ENTER NATURE OF IN)		COUNTY	STATE
PIVI R ATTENDING haspital or ott IRECTOR. After hed far use as the ept. of Health or		220. I certify that (I) (this saw the deceased of	/-	14 19		d that in (my) (our) opinion	deoth occurred on the d	dote and hour and		
HOSPITAL Of the by the FUNERAL Dud be detected to the Stote DORTANT: If		22d. PHYSICIAN'S NAME	(IVPE OR PRINT)  RESAMP	m.D	0-	ATTENDING PHYSICIAN [	MEDICAL STA	CIAN	6-14	1.86
reta TO TO sho	23a E	URIAL, CREMATION, REM		23c h		EMETERY OR CREMATORY	23d LOCATION			
BP		burial	6/19/	86 \$t.	Char	les Cemeter	y Chance	e Som	• AINI	Md STATE

STATE OF MARYLAND DEDADTMENT OF BEALTH AND MENTAL HYCIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Rt.3, Box 354 Princess Anne, Md Leroy G. Webster

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Juna Varidon - 170 moderate

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

that (I) (we) last

HUL AND DESCRIPTION OF THE PARTY OF THE PART

-10//1	11.	REGISTRAR				CERTIF	CATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST	1135	MIDDLE	Į.	AST	20 DATE O		TH OAY	YEAR	26 HOUR
noy be poge 3 er deoth	100	OR PRINT)	RUTH	- +	KOGER	BL/	ACKE		6/	25 /	1986	м
mo.	3 SE	x		4 RACE		5. DATE C	F BIRTH DAY YEAR	6 AGE (IN	EARS LAST BIRTHDAY	) IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	-	FEMALE		E	BLACK	5	29 1926	60		YRS	DATE	NOONS ININ.
oth. Po		RTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMO	RE CITY OR CO	DUNTY OF	DEATH	7 7 6 5
77 6	M	ARYLAND			6. A.	WIDOWE	D DIVORCED	BALT	IMORE (	CITY		MD.
8		BALTIMORE	ΥН	LIE NOT IN SUC	HEACHITY GIVES		ROTHER INSTITUTION	SUB.	OCCUPATION  K FOR MOST OF WOR  TEACHER	J.F	UBL IC	C SCHOOLS
filled in nowld be	13a.	AL RESIDENCE (IF NURS STATE ARYLAND	13b, COU		134. CITY OR 1 BALTI	OWN	13d. INSIDE CITY LIMITS? YES X NO	ST. B	ADDRESS / ZIP	COD230	Ol POF	LAR GROV
rthir sty	14. F/	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE		LAS	
w ba		LINWOOD		G.	KOG	ER	RUTH		MIDDLE		WILS	
xecut ges. 1		VAS DECEASED EVER		MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT	23	01 <sup>ADP</sup> 0PL	AR GR	OVE S	TREET
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gne in pl buri	-	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITIO	N GIVEN	N PART 110	1
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0 0 0	E E	5/19/1	166	6	Naria	n Care	luoma	YES 🗌	NO	YES [		NO 🗌
ng physicio certificate I mial-transit entol Hygie frem 18 sho	4	OR CONTRIBUTING	-		M. MONTH	DAY YEAR	21c. HOW INJURY OCCUI	KKED (ENTER N	TURE OF INJURY IN I	TEM TB PART T	OR PART 2)	
Direction of the second	CA	(IF EITHER NOTIFY MEDI		_	M.	19						
tendi the bund W	MEDICAL	WHILE NOT WE		21e PLACE	OF INJURY REET FACTORY OF	ICE CARM ETC )	211. LOCATION STREET		CITY OR TOWN		COUNTY	STATE
Mfter os tl th o		AT WORK AT WO	RK L				100		1. 1000		00	
Heol is m		22a.1 certify that (1)		(11)	e defeased from	6/	19 19	, to	6/13	19_		that (I) (we) lost
CTO Lord for of I		saw the decease abave, (1) (we) (d	ed alive on did) (did no	t) view the bady	after death.		d that in (my) (aur) opinion	deoth occurre	d on the date a	nd hour an		
DIREC oched Dept. H hem		226 SIGNATURE	//	20	RI	1.0	DEGREE M.D.	MEDICAL	STAFF		IN DATE	MIGNED
Adetoc detoc rote D			com	11-08	well	mal	PHYSICIAN	DIRECTOR	PHYSICIAN		6/2	1186
TO FUNERAL I should be deto with the Stote [IMPORTANT: #		22d. PHYSICIAN	JAME ITYPE C	A. S	Haff 1	10.	UMH					
of Share		BURIAL, CREMATION,				23c. NAME OF C	EMETERY OR CREMATORY	236 LOC		cc	YTAUG	STATE
BP		BURIA	\L	6/28/	986	ARBUTUS	MEMORIAL PAR		BA	LTIMO	RE, M	IARYLAND

24 NOTE THERE & SONS FUNERAL HOME, INC.

2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216

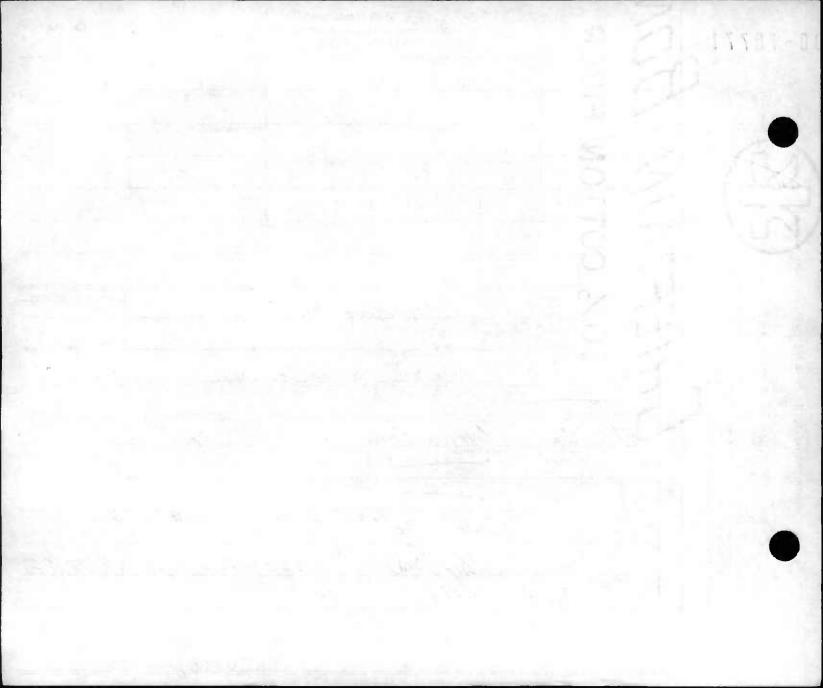
DHMH - 16 60M 7/84

(VRA 15, 4)

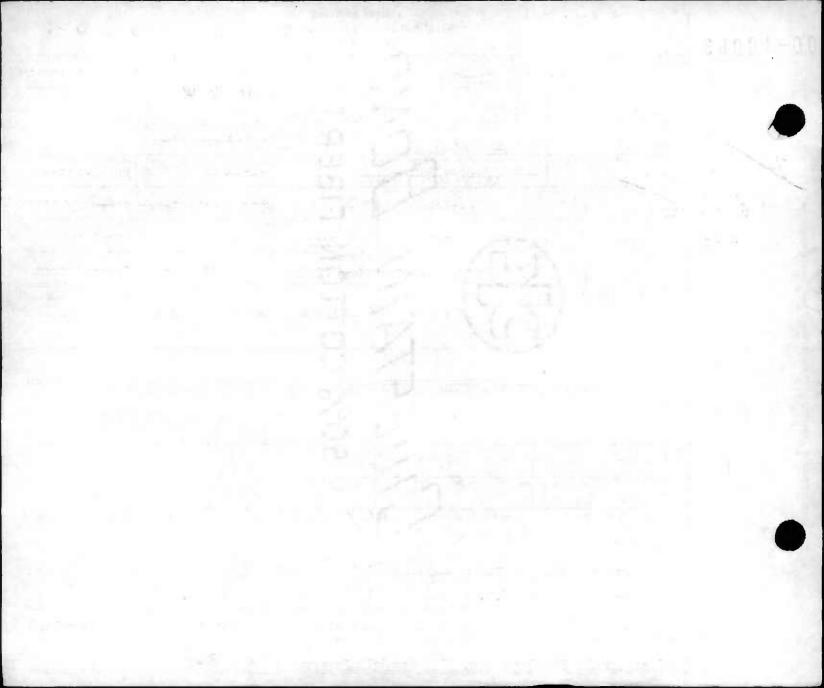
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

June deviden pandam

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



		#6,per F. FOR STATE	.н. //	/1/86			E OF MARYLAND IEALTH AND MENTAL HYO	SIENE & 6	1	6 3	6 4
-10083	1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
m.s		OR PRINT	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
nay be page 3 r death			ennis		CharlesBl			June 18		1986	10:50 2
mo fer pe	3 SEX		4.	RACE		S. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	HOURS MIN.
\$ £ 5 5		male		white		1	1/19/43 42	43	YRS		
JG 25 DL	7a. BI	RTHPLACE (STATE OR F			WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	_	OF DEATH	
		ryland			States	WIDOW					MD
li bo		TY OR TOWN OF DEA ltimore		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET THE GLOVE	ADDRESS!	eet	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST! Salesman	ION OF WORKING LIFE	IZE KIND O INDUSTRY Auton	of BUSINESS OR CODILES
To A Line	130 5	AL RESIDENCE (IF NURSI TATE ryland	136 COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS?	218 North	ZIP CODE Glovei	r Stree	et / 2122
		THER'S NAME					15 MOTHER'S MAIDEN NA				
FOO		John		alter	Blake		Rhea	MIDDLE		Lamil	.ey
25 37		VAS DECEASED EVER			166 SOCIAL SECU	RITY NO	17 INFORMANT	ADDR			
10 p	(	NO OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES	218-40-4	761	Rhea Blake	218	North	Glover	Street
signed by the hen please ran to burial, creme jury, or ather	NO.	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN	g the '	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	MINAL DISEASE OR COM	IDITION GIVE	EN IN PART 110	٠.
hos been permit. The permit of the prior of	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	ITION FOR WHICH	OPERATIO	n was performed	20a AUTOPSY?		, WERE FINDIN	
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e hospital ar DIRECTOR. Af sched far use a Dept of Health f Hem 21 is ma		sow the decease abave, (1)(we) (d					od that in (my)(our) opinion	death occurred an the c	late and hour	and from the	
T te et .		Chi-s	hof	ck	2			MEDICAL STA	FF CIAN []	6/1	8/86
retained by the TO FUNERAL should be detroid with the State		Chi-Shia	,		).		100 N. Broad	way Balto	., MD	21231	100
75 S S S S S S S S S S S S S S S S S S S		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	SIATE M
BP	C	remation		June :	19,1986 G	reenm	ount Cremator	y Baltin			Maryland
IMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME Brool	ks Brad	dley,	Inc. 2135	Dund	alk Avenue	TEREC'D. BY REGISTRAN	Juna 1	RAR'S SIGNAT	URE



MIDDLE

FOR

REGISTRAR

FIRST

DECEASED NAME

- STATE

LIVPE OR PRINTE

00-0854

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 10-15 mIN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO TO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART + OR PART 2 COUNTY STATE CITY OR TOWN , and that in (my) our apinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN Burial Cedar Hill Cemetery Anne Arundel 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

2h HOUR

12h KIND OF BUSINESS OR

#21201

Koppers

Balto., Md.

Gettier

:56 PM

86

IF UNDER 1 YEAR

INDUSTRY

20. DATE OF DEATH

Ungyersia of 1811 Constant Salara Constant Salara Constant Constan 

de a character and a service of the service of the

0 - 0 9	9701	1.	FOR - STATE - REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 6 PREG. NO.	6 3 6 6
may be	. page 3		CEASED NAME FIRST	TH C,	BLED SO		20. DATE OF DEATH MONTH  6-3-956  6 AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 2b. HOUR    21.30 A. M.   IF UNDER 1 YEAR   IF UNDER 24 HRS.   MONTHS   CAYS   HOURS   MIN
r death. Page 4	funeral director ithin 72 hours of		IRTHPLACE (STATE OR FOREIGN COUNTRY)  LA GRACA  ILY OR TOWN OF DEATH	76. CITIZEN OF WHAT CO	MARRIE	DAY YEAR  DI NEVER MARRIED DI DIVORCED DI  ROTHER INSTITUTION	9 BALTIMORE CITY OR COU  Bacts - 6  12a USUAL OCCUPATION	RS.
10 2 1 2 0 1 14 hours ofte	lled in by the	ÚsU I3a	ALRESIDENCE (IE NURSING HOME STATE) 13b CO	OR OTHER INSTITUTION, GIVE RESI	uss Hosy	138. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	Mostamant ODE
E, MARYLAND 2120			ATHER'S IN ME	MIDDLE ON ANY ANY ARMED FORCES? 1166 SO	CALIFORNIA DE CIAL SECURITY NO.	15 MOTHER'S MAIDEN NA	ADDRESS	7 LAST
, BALTIMOR	hysician and papers. From avail.			only one couse per line for	14-9441	Mirley C	Dora 301 Que	rrow St. 21223  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 2 Mary
1 W. PRESTON ST.	by the attending p ase remave carban al, cremation, ar rem cather traumatic eve		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)	CONSEQUENCE OF		ese faises	10 YK
AL RECORDS, 201 he law requires th	has been signed remit. Then ple ene prior to burio	CERTIFICATION	PART 2 OTHER SIGNIFICAN		<u>UTING TO DEATH</u> BUT OR WHICH OPERATIO			GIVEN IN PART ITO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require oftending physician.	ter this certificate is the burial-transit ond Mental Hyginked or Item 18 sh	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (ITE ETHER, NOTHEY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MO P.M.  21e PLACE OF INJU	ONTH DAY YEAR	216. HOW INJURY OCCUR 216. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART 1 ORPART 2)  COUNTY STATE
OR ATTENDIN	DIRECTOR. Aforther or the design of the second Dept. of Health If them 21 is man		22a. I certify that (1) (this has sow the deceased alive, above, (1) (we) (did) (did) 22b SIGNATURE	not) view the body offer de	Z-18 CE	1 hm. (our) opinion	MEDICAL STAFF DIRECTOR PHYSICIAN	6. 19, that (I) (we) last hour and from the causes stated
TO HOSPITAL	should be det with the State	72	22d PHYSICIAN'S NAME (TYLES : / U, 'NO	3. Mun	eses	21201SICIAN	POPPLETON S	Treet

COUNTY

STATE

230 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84

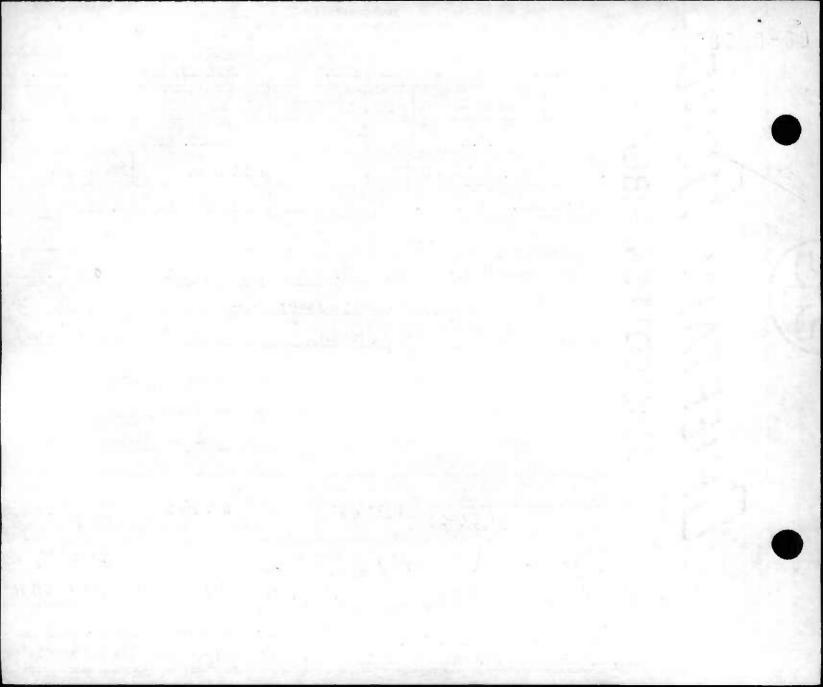
(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

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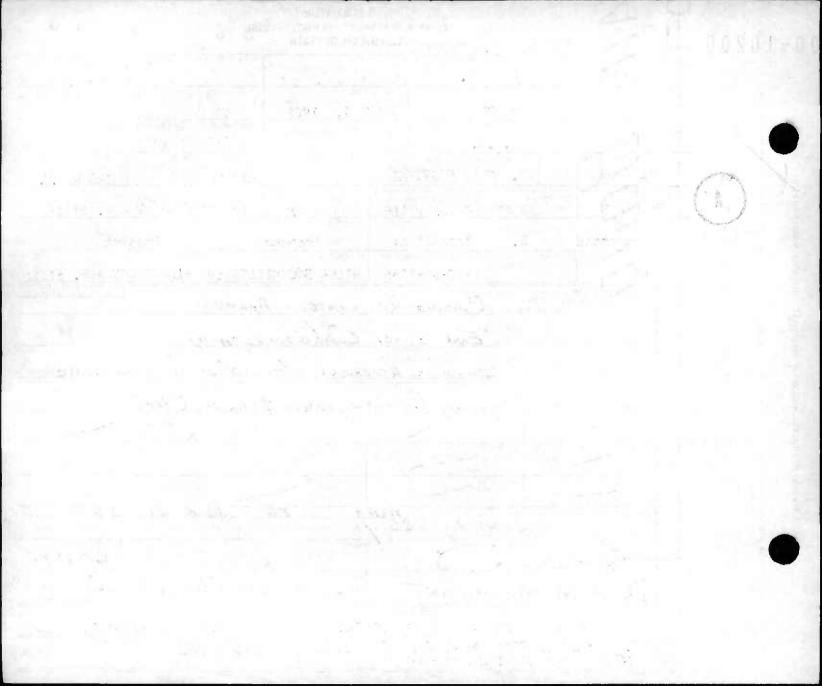
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00-0988	8 5	1-	FOR STATE REGISTRAR		7.7		CERTIF	EALTH AND MENTAL H	0	O REG. NO	0	ڻ ( ا	<b>o</b> !
be oge 3 death			CEASED NAME OR PRINT)	PAU		F.		MENFELD		UNE 13,		YEAR	9:20A.
ge 4 mo		3 SEX	MALE		4 RACE CAUC	ASIAN	5. DATE C	F BIRTH  3. 2, 1932 AR	6 AGE	N YEARS LAST BIRTH	YRS IF	UNDER 1 YEAR	HOURS MIN
meral fit	A County	(	RTHPLACE (STATE OR I OUNTRY) CRMANY	FOREIGN		WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED	_	BALTO.		FDEATH	MD.
. 40	18	II CI	BALTO.	TH /		HOSPITAL, NURSIN ENERAL HO		r other institution L	VICE	PRES.	VORKING LIFE)		OF BUSINESS OR
LND'R12	36	12a C	AL RESIDENCE (IF NURS TATE MD	LINE FOR IN	LTO.	BALTO		136. INSIDE CITY LIMITS? YES NO XX	13e.STREE 241	ADDRESS / 3 SUGAR	IP CODE	RD. 21	209
MARYL moderate	30	14 FA	THER'S NAME FIRST  GUSTAV		MIDDLE	KAT	Z	15 MOTHER'S MAIDEN N		MIDDLE	F	CATZ LAS	ıT.
IMORE.	2		(AS DECEASED EVER ES NO OR UNKNOWN) YES		MED FORCES?	166 SOCIAL SECU		MRS. EDITH	BLUMEN	ADDRESS IFELD 24		GARCON	NE RD.2120
or shysics inhysics on papers	ment, 18		18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE	ly one cause per D BY: E CAUSE (0)	line far ro , (b), and		ral July	Critic			BETWEEN	MATE INTERVAL ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cent outending physicion. Where this certificate has been signed by the ottending so she burial-transit permit. Then please remove companity and Mental Hygiene prior to burial, cremation, or ten	oumotic		Conditions, if ony,	which	DUE TO, O	r as a conseque	NCE OF TUM	Herry				seve	ewl years
by the cose remo	other tro		gove rise to immore couse (a), status underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF						eci-
RDS, 20 equires to signed Then ple to burro	njury, or	NO	PART 2 OTHER SIGN	VIFIC ANT C	ONDITIONS CO	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TEL	RMINAL DISE	ASE OR CONDI	TION GIVEN	IN PART 110	)
L RECOI	hus 2	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU				OF DEATH?
OF VITA ICIAN: TI g physicis ertificate ial-transif	18 m	ICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING [ ]	CAUSE OF DEA	161	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER	NATURE OF INJURY	N ITEM IB PART	OR PART 2)	
VISION G PHYSI offending er this ce the buri	ked or h	MEDIC	21d INJURY OCCUR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE F		211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
TENDIN ortol or o	я шог		22a. I certify that (I) saw the decease	(this hospited olive on,	6	13/01019	1(1b	d that in (my) (our) opinio	n death accu	red on the date	and haur a	nd from the	that   I) (we) last couses stated
the hospital of All OR	T. If Been		abave, (I) (we) (c 22b. SIGNATURE	ul	V624	Atter death.	MI	DEGREE ATTENDING PHYSICIAN		L STAFF	N []	22c. DATE	SIGNER
	PORTAN		22d. PHYSICIAN'S N.	AME (TYPE O	OVE P	Sley	1	22e ADDRESS	HCK		SAi	70 N	10 21201
ρ θ 2 <del>3</del> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3	(	URIAL, CREMATION,		6-15-	86 BA	LTIMO	RE HEBREW CO		CATION ITY OR TOWN ISTERST	'OWN	BALTO.	STATE MD
DHMH - 16 60M (VRA 15, 4)		-	INERAL DIRECTORSC 10 RKR REJ			BROS., IN	ic.	25e. D		REGISTRAR 25	L REGISTRA		LIDE
						<u> </u>				1000.00		<del></del>	



L'EROY MOUS RUSSELL C. WITZKE FUNERAL HONE OF CATONSVILLE 1630 EDMONDSON AVENUE CATONSVILLE MARYLAND 21228

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)



TO FUNERAL DIRECTOR. After this certificate hos been signed by the attenshould be detoched for use as the burial-transit permit. Then please remove a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TO HOSPITAL OR ATTENDING PHYSICIAN: The

morked or Item 18 shows ony

MPORTANT: If Item 21 is

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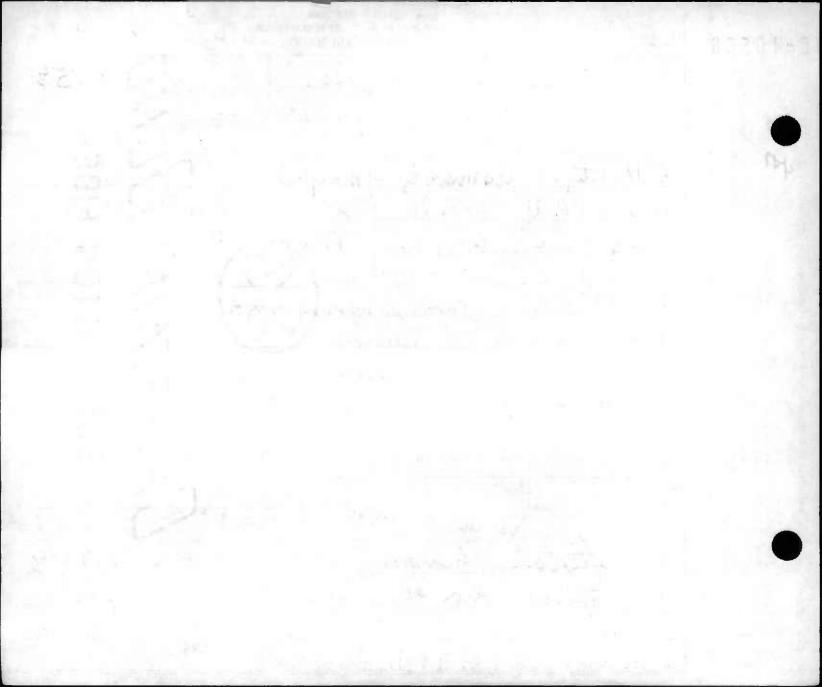
DHMH - 16 60M 7/84 (VRA 15, 4)

0-10508

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DE	ATH	0	REG. N	0.			171
1 DECEASED NAME	FIRST	-	WIDDIE	100	LAST		2a DATE OF		MONTH	DAY	YEAR	26 HOUR
(TYPE OR PRINT)	James	R	ubin	BOG	GESS				6	23	86	1540
3 SEX		4 RACE			OF BIRTH		6 AGE IN	YEARS LAST BIF	RTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS
Male	Y-1111	Whi	te	Oct		23	-6	2 -	YRS		S DAYS	HOURS MIN.
70. BIRTHPLACE (STA	TE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MA	ABBIED []	9 BALTIMO	RE CITY S	R COUN	TY OF D	HTAP	
Ohio	100	USA	-	WIDOWI	/	ORCED	Balt	imore	Cit	У	E .	M
10 CITY OR TOWN O	FDEATH		HOSPITAL, NURSIN		OR OTHER INSTIT	1 1	120 USUAL (TYPE OF WOR Welde	OCCUPAT K FOR MOST	ION OF WORKING	LIFE) IN	LKINDO DUSTRY Railr	OF BUSINESS OR
USUAL RESIDENCE II	F NURSING NOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	RE ADMISSION)	INOXV	1 love					KALLI.	oau
Maryland	Jan Con	VTY -	Baltimo		-	40 🗌	113° STOFFT	ADDRESS HOlli	ns S	tree	t, 2	1223
14 FATHER'S NAME		MIDDLE	1251		15. MOTHER'S	MAIDEN NA	WE	WILIDAM			LAS	ST.
James			Boggess		Mabe	el		Α.	11	910	Unk	nown
160 WAS DECEASED		MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMAN	IT		ADDR	ES3			
Yes		WII	279-20-8	3418	Helen I	L. Bog	gess,	1137	Holl	ins	St.,	21223
18 CAUSE OF	DEATH Enter on	ly ane cause pe	r line far (a), (b), ar	nd ici	1		4	,			BETWEEN	MATE INTERVAL ONSET AND DEATH
PARTI. DEA		TE CAUSE (a)	(and		mona	4 1	AMEAI	/				
		DUE TO, C	R AS A CONSEQU	ENCE OF		/						
Canditians, if		( ib)_		unh	MOUN							
gave rise to	stoting the	DUE TO, C	R AS A CONSEQU	ENCE OF						< )		
underlying	couse last	(c)_		why	10WM							
	SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERM	NAL DISEAS	E OR CON	DITION	SIVEN IN	PART 110	a
5	evene	Trepa		unhu	roses	04010						
STORY OF THE STORY	PERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUI	DPSY?				OF DEATH?
21a. ACCIDENT W.		7 21b. TIME C	SE INTRIBU		T21. 11034/1814	187 000118	YES 🗌	NO		YES		NO 🗌
0.0.00.00.00.00.00.00.00	CAUSE OF DE		M. MONTH D	AY YEAR	21c. HOW INJU	JRY OCCUR	RED (ENTERNA	ATURE OF INJU	IRY IN ITEM !	8 PART I O	R PART 21	
OF CONTRIBUTING	MEDIC AL EXAMINER		.M. OF INJURY	19	211 LOCATION							
WHILE D			REET FACTORY, OFFICE.	FARM ETC }	STREET			CITY OR TO	)WN	C	OUNTY	STATE
	OT WHILE AT WORK			1/2	1/4			122	180			
	at (I) (this hospi eceased alive an	2 / .	beceased from _		nd that in (my) (a	, 19	death occurre	d on the d	ate and h	19		that (I) (we) last
above, (1) (	we) (d/d) (did no				DEGREE	zor, opman		o on me o	are and r			
226. SIGNATUR	10,0	1	Krox		AT	TENDING _	MEDICAL	_ STA	FF A		22c. DATE	3 2 /ST
224 PHYSICIAN	ENIAME UM				22e ADDRESS	TYSICIAN L	DIRECTOR	☐ PHYSIC	CIAN		0/	03/08
A	texper	N	KNOX M	4D	un,	IV. O	1110	ylor	21	Nes	20,6	al
23a BURIAL, CREMAT	REMOVAL	23b. DATE	23ε	NAME OF	EMETERY OR CR	REMATORY	23d. LOCA	ORTOWN		I OII	NTY	27472
Buri	al	6/26/	86 C1	rownsv	ville Vet	t. Cem			le	A.A.	Ma	ryland
24 FUNERAL DIRECTO	OR		ADDRESS		21229	25a. DAT	IBN2		BSb. REG	ISTRAR'S	SIGNAT	URE A
Hubbard F	uneral I	Home, Ir		Wilke					182			



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2	
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	1.	FOR STATE	DEPARTME	STATE OF MARYLAND INT OF HEALTH AND MENTAL HYG	IENE S	163/0
	1 -	REGISTRAR Thelma Lo	orraine Boggs	CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MON	NTH DAY YEAR 26 HOUR
1	(TYPE	ORPRINT; THEL		30665	6	- 6-86 5:50
	3. SEX	_ emale	RACE	S. DATE OF BIRTH  MONTH  12  7  14  17	6 AGE (IN YEARS LAST BIRTHDA	
1	/			12 29 14		YRS.
5	Per	RTHPLACE (STATE OR FOREIGN )	United States	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or Co	City
7			NAME OF HOSPITAL, NURSING     (IF NOT IN SUCH FACILITY, GIVE STREET ADI	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY
		ltimore /	Francis Scott Ke	y Medical Center	Housewife	Homemaker
3	130. S Mar	TATE IN COUNTY	other institution give residence before active or town more Dundalk	13d. INSIDE CITY LIMITS?	3407 Loganv	iew Drive /21222
3	A FA	THER'S NAME	Woomer LAST	15 MOTHER'S MAIDEN NAM	WE	Miller
0	16a V	AS DECEASED EVER IN U.S. ARA		TY NO 17 INFORMANT	ADDRESS	
1	0	ES, NO OR UNKNOWN) {IF YES, GIVE	171-07-99	28   Linda J. And	ders 3407	Loganview Drive
F			ane cause per line far (a), (b), and (	C1.1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I DEATH WAS CAUSED	BY: CAUSE (a) Ca -d.		Recost	
		gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUEN  (c)  DIVIDITIONS CONTRIBUTING TO DE	ICE OF	INAL DISEASE OR CONDITION	ON GIVEN IN PART 110
4	CERTIFICATION	19a DATE OF OPERATION	TIPL CONDITION FOR WHICH O	DEPATION WAS DEDECTABLED	20a AUTOPSY? 20	b. IF YES, WERE FINDINGS USED
/	TIFICA	196 DATE OF OPERATION	198. CONDITION FOR WHICH O	PERATION WAS PERFORMED	YES NO	CERTIFYING CAUSES OF DEATH?
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART   OR PART 2)
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FAR	211 LOCATION	CITY OR TOWN	COUNTY STATE
0		22a.l certify that (I) (this hospite	al) attended the deceased from	7-3 19 86	- 10- 6-1	19_86 that (1) (we) lo
14		saw the deceased alive on_	6/6 19 3	, and that in (my) (aur) apinian	death occurred an the date of	and hour and from the causes stated
	44	abave, (1) (we) (did) (did not 22b. SIGNATURE	view the body ofter death.	DEGREE		22t. DATE SIGNED
		gary &		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	. 11110
		22d. PHYSICIAN'S NAME (TYPE OR	printipe le baum, I	M.D. 220 ADDRESS 4901 Easter	n Avenue	
		URIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATORY	23d LOCATION	
	(	Burial	June 10, 1986	Meadowridge	Elkridge	Howard Marylar
	24. FU	INERAL DIRECTOR	to Militerations	25a DAT	E REC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATURE
4	TAT-	Iter Brooks Bra	dlev. The 2135	Dundalk Avenue JU	N.1 U 1986 1/4	me annicon michigan
	AAC	THET DIONE DIG	CLEY, TIL. ZIJJ	DURACH AVEIUE	1000	

0-10071	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE S S REG. NO.	371
o e o o o o o o		CEASED NAME FIRST	A Pauline	BONTIN	20 DATE OF DEATH MONTH DATE	V YEAR 26 HOUR 10 M
4 moy or, pag offer de	3. SE		4. RACE White	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
once.		RTHPLACE (STATE OR FOREIGN Pennsylvania	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Of Baltimore (ity	
ofter der	_	ITY OR TOWN OF DEATH Baltimore		MIDOWED ON OTHER INSTITUTION  ADDRESS Medical (enter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UFE) RETURNED	MD.  12b. KIND OF BUSINESS OR INDUSTRY
24 hours	13a,	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	130 STREET ADDRESS / ZIP CODE 633 South Newki	rk St. 21224
within 24	_	ATHER'S NAME	Dubroka	15. MOTHER'S MAIDEN N Martha	AME	arren
87.37			MED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 209-03-		iodis 633 S.Newkin	k St. 21224
hat the death certificate be exected by the attending physician and use remave corban papers. Page 1, cremation, or remaval.		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE	NAC ARRE	ST.	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
equires the signed to Then plea r to buriol, injury, or o	NOI	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TER	MIN AL DISEASE OR CONDITION GIVEN	IN PART Ito
he low range. has been priored by any low sany	CERTIFICATION	190. DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH? NO
ING PHYSICIAN: The low require offending physician. After this certificate has been signs the burial-transit permit. Then the hand Mental Hygene prior to borked or Item 18 shows any injury	MEDICAL CER	?10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A.M. MONTH DA	19 21f. LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
NTENDING Pr spitol or otten CTOR. After th for use as the of Health and	ME	sow the deceased alive on	attended the deceased from 19	6/11 19 8	CITY OR LOWN  19  19  19  19  19  19	
OR A DIRECOCHED		22b. SIGNATURE	9 =	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED

DHMH - 16 50M 4/83 (VRA 15, 4)

230 BURIAL, CREMATION, I (SPECIFY) Burial

Name of CEMETERY OR CREMIN.

Gardens of Faith

150. Date rec'd. 24 FUNERAL DIRECTOR hartes S. Zeiler & Son Inc. 6224 Eastern Ave

6-21-86

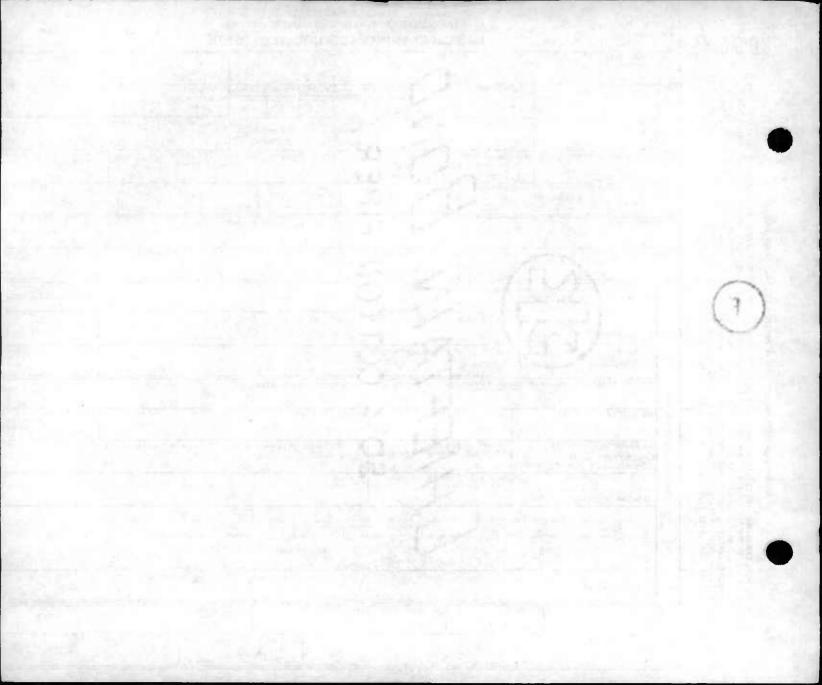
EISNER

FSKMC

23d LOCATION
OVERLEA Balto CO.,
REC'D. BY REGISTRAR'S SIGNATURE

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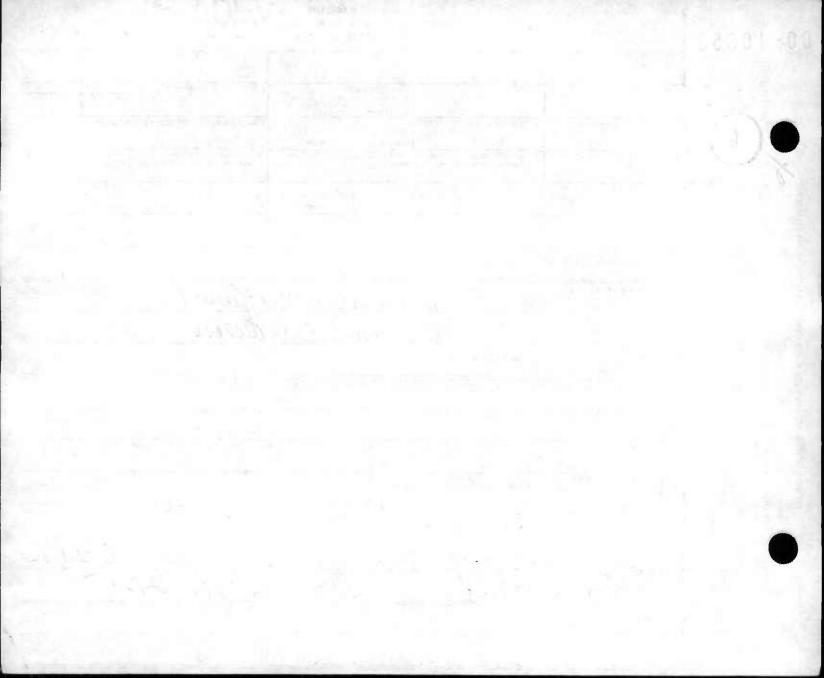
ing the section of the section very



DECRASO NAME    DECRASO NAME   PROCESS   SOLIC OF BRTH   BACE INSTRUMENTAL SHERDOWN   PART TO DATE	0 1	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1631
Second   S	1. DI	CEASED N	/ MEGIL	Par Wa		DAY YEAR 26 HOL
Second   S	_	J0020	1	MONER	6	100
BAILIMORE CILIZEN CONCERN   Security   Sec	7.5	110/	I RACEDIA. U		6 AGE (IN YEARS LAST BIRTHDAY)	
COUNTRY   COUN		19412	DIHON	4 22 02		RS
Baltimore   Security	2 / 10.5		6 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
Baltimore  Bond Secours Hospital  By By Date Hospital  By By By Hospital  By By By By Hospital  By By By By Hospital  By By By Hospita	Ma:				Baltimore cit	y
Baltimore    Borne   B	10.0	ITY OR TOWN OF DEATH				126 KIND OF BUSINE
136. STATE   136. COUNTY   136. STREET ADDRESS / ZIP CODE   136. STREET ADDRESS / ZIP CODE   146. STATE ADDRESS   146. STATE ADDRE			Bon# Secours Hosp	oital		Racing Bus
MARYLAND  16. FATHER'S NAME  ALFIED BOOKER  16. MADDLE  16. MAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  16. MAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  228-18-4397-A Laura J. Booker 548 N. Fulton Rve.  228-18-4397-A Laura J. Booker 548 N. Fulton Rve.  18. CAUSE OF DEATH (Enter only one course per lay lor (o), (b) and (c) a	USL 130	STATE ITS NURSING HOME OF	DROTHER INSTITUTION GIVE RESIDENCE BEFORE AL	MISSION)	13. STREET ADDRESS / 7IP C	ODE
A FATHER'S NAME REST REST REST REST REST REST REST RES	Ma.	ryland				
Record Booker	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
18 WAS DECEASED EVER IN U.S. ABMED FORCES?   18 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS	97	fred Booker	WIDDIG LAST		WIDDLE	Mitchell
Real Conditions	160	WAS DECEASED EVER IN U.S. A			ADDRESS	112 0011611
B CAUSE OF DEATH   Enter only one couse per ling for (a), by End (c)   PART   DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (a)     CULP   C	/ No	(YES, NO OR UNKNOWN) (IF YES C		397-7 Laura J Roc	ker 510 N Full	ton Two 272
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (b), storting the Underlying couse loss storting the Underlying couse loss  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  216. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSES OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTIO		THE CAUSE OF BEATH . S		A Baura V. Boo	Mer 340 M. Tur	APPROXIMATE INTE
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)  P. M. 19  21d INJURY OCCURRED  WHILE  ALWORK  NOT WHILE  ALWORK  NOT NOT WHILE  ALWORK  NOT NOT WHILE  ALWORK  NOT WHILE  ALWORK  NOT NOT WHILE  ALWORK  ALWORK  NOT WHILE  ALWORK  ALWORK  NOT WHILE  ALWORK  NOT WHILE  ALWORK  NOT WHILE  ALWOR  ALWORK  NOT WHILE  ALWORK  NOT WHILE  ALWORK  NOT WHILE  ALWOR		gave rise to immediate couse (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THE TERM		
OR CONTRIBUTING CAUSE OF DEATH  (IF ETIMER. NOTIFY MEDICAL EXAMINER)  P. M.  19  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.)  22e. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on abave, (I) (we) (did) (did not) view the body after death.  DEGREE  22e. I certify that (I) (this haspital) attended the deceased from abave, (I) (we) (did) (did not) view the body after death.  DEGREE  23e. BURIAL, CREMATION, REMOVAL  23b. DATE  23e. BURIAL, CREMATION, REMOVAL  23b. DATE  23e. BURIAL, CREMATION, REMOVAL  23b. DATE  23e. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S \$IGNATORY  24. FUNERAL DIRECTOR  25e. DATE REC'D. BY REGISTRAR'S \$IGNATORY  25e. DATE REC'D. BY REGISTRAR'S \$IGNA	JIFICA A	THE DATE OF OPERATION	198 CONDITION FOR WHICH O	PERATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEA
[(E EITHER NOTIFY MEDICAL EXAMINER)]  21d INJURY OCCURRED    21d INJURY OCCURRED   WHILE   NOTIWHILE			LUCUE AM MONTH DAY	YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	A 18 PART I OR PART 21
220. I certify that (1) (this haspital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY  230. BURIAL, CREMATION, REMOVAL 23b DATE  231. NAME OF CEMETERY OR CREMATORY DIRECTOR BURIAL CITY OR TOWN  COUNTY  Burial 6-6-86  Western Star Cemetery Baltimore Mar  24 FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATE	7 8		CAIN			
270. I certify that (I) (this haspital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN COUNTY  Burial 6-6-86  Western Star Cemetery Baltimore Mar  214 FUNERAL DIRECTOR  PATENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN COUNTY  Burial 6-6-86  Western Star Cemetery Baltimore Mar  215 DATE REC'D. BY REGISTRAR 2556 REGISTRAR'S SIGNATE	E				CITY OR TOWN	COUNTY
sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  22e ADDRESS  23a BURIAL, CREMATION, REMOVAL 23b DATE  23b DATE RECID. BY REGISTRAR 25b REGISTRAR'S SIGNATE  24 FUNERAL DIRECTOR  25a DATE RECID. BY REGISTRAR 25b REGISTRAR'S SIGNATE	>	WHILE NOT WHILE AT WORK	TATIONE STREET, TACTORY, OFFICE PAR	-1-	1 11	0/
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DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN  236 BURIAL, CREMATION, REMOVAL 236 DATE  236 BURIAL, CREMATION, REMOVAL 236 DATE  236 BURIAL CREMATION, REMOVAL 236 DATE  237 BURIAL CREMATION, REMOVAL 236 DATE  238 BURIAL CREMATION, REMOVAL 236 DATE  238 BURIAL CREMATION, REMOVAL 236 DATE  239 BURIAL CREMATION, REMOVAL 236 DATE  230 BURIAL CREMATION, REMOVAL 236 DATE  231 BURIAL CREMATION, REMOVAL 236 DATE  232 DATE RECOVERY DATE  233 DATE RECOVERY DATE  234 FUNCERY DATE  235 DATE RECOVERY DATE  236 DATE RECOVERY DATE  237 DATE RECOVERY DATE  238 DATE RECOVERY DATE  238 DATE RECOVERY DATE  239 DATE RECOVERY DATE  230 DATE RECOVERY DATE  231 DATE RECOVERY DATE  231 DATE RECOVERY DATE  231 DATE RECOVERY DATE  235 DATE RECOVERY DATE  236 DATE RECOVERY DATE  237 DATE RECOVERY DATE  238 DATE RECOVERY DATE  238 DATE RECOVERY DATE  239 DATE RECOVERY DATE  230 DATE RECOVERY DATE  230 DATE RECOVERY DATE  231 DATE RECOVERY				3. and that in (my) (our) opinion	death accurred on the date and	have and from the couses s
PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRECTOR DIRECTOR PHYSICIAN DIRECTOR DIRE		776 SIGNATURE	01-220	DEGREE		TIL DATE SKINED
230 BURIAL, CREMATION, REMOVAL 236 DATE 23c, NAME OF CEMETERY OF CREMATORY 23d LOCATION CITY OF TOWN COUNTY  Burial 6-6-86 Western Star Cemetery Baltimore Mar  24 FUNERAL DIRECTOR  250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATE  250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATE	1 2	Many and	Magulach			6/2/
Burial 6-6-86 Western Star Cemetery Baltimore Mar  PA FUNERAL DIRECTOR  REGISTRAR'S SIGNATE  PART OF TOWN COUNTY  BURIAL GRAPH OF TO	T	FID WAY	Pal MOGIAR		CEIBLIRE	(Anthi)
Burial 6-6-86 Western Star Cemetery Baltimore Mar  14 FUNERAL DIRECTOR 236 DATE REC'D. BY REGISTRAR'S SIGNATE.	230	BURIAL CREMATION PEAROW	I 123h DATE 1237 NA	ME OF CEMETERY OR CREMATORY	123d LOCATION	11/1/21/1/
24 FUNERAL DIRECTOR 256 DATE REC'D. BY REGISTRAR' 256 REGISTRAR'S SIGNAT	1.50	(SPECIFY)			CITY OR TOWN	
84 NAME ADDRESS 1111A1 - 4000	24 1		10-6-86 West	ern Star Cemeteru	E REC'D. BY REGISTRAR 256 REC	Marylai GISTRAR'S SIGNATURE
Bailey Funeral Home 1348 N. Calhoun St 21217 JUN 5 1960	/84	NAME		Ct 01015	JN 5 1986	a laitain Mana

STATE OF MARYLAND





			FOR		DE		HEALTH AND		GIENE					
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	5 2 100		CEASED NAME FIRST		A	VIDOLE	LAST		2a DATE	KNOWN	X MON	H DAY	YEAR	2b HOU
	ASE DR. ES. ET,		JAME	S			BOSTON	J	OF- DEATH	ESTI- MATED	□ 6	4	1986	
	IF ANY DELAY IS NECESSARY, PLEASE  AND 3 TO THE FUNERAL DIRECTOR.  RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS.  I. RECORDS, 201 W. PRESTON STREET,	3 SEX	mle Sik	5 DATE	OF BIRTH	28 37	PEARS IF UNDER 1 YI DAY) MONTHS DAYS YRS.		PRONOUI DE AL	NCED	MONT	4	1986	3:36
•	E FUNERA E S FOR ED, WITHI	70. B	RTHPLACE (STATE OR REIGN COUNTRY)  TY OR TOWN OF DEATH	6.01	L.S.	COUNTRY?	MARRIED WIDOWED AE, OR OTHER INSTI	DIVORCED	□ Balt	imor	e Cit	У		MI
	AY IS PAGE FILE	D.		(IF N	IOT IN SUCH FACIL	TY, GIVE STREET ADDRESS		ITOTION 12	6. USUAL OCCU FOR MOST OF WO		TYPE OF WOR		R INDUST	
=	ANN JOE	USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER IN	NSTITUTION, GIVE	Caroline S	SION)				210	1h=	>	
. 2120	AND AND AND REITO	13a. S	WE.	NIY	-	Smill N	YES.	DE CITY LIMITS? 13	J REET ADDR	J, C	me	lin	and of	86
DRE, AND	- CNS		THER'S NAME	MIDDLE	7	Sussi (	15. MOI	THER'S MAIDEN DERING	YAME ^	AIDDLE			LAST	
BALTIMORE, MD. 21201	AFTER IVE PA H FOR AGES I ISION	160 V		RMED FOR	RCES?	166. SOCIAL SECUR 115-24-	97/4 KAFC	DRMANT		ADDRE	SS			
ST.,	OURS. 18. GI 3. WITI MIT. PA	N	18 CAUSE OF DEATH (Enter of PART LDEATH WAS CAUSE	nly one co	iuse per line fa			Raid I				BET	WEEN ONSE	E INTERVAL T AND DEATH
NO	24 H ITEM ITEM IONG PER/ GIEN	7	IMMEDIA IMMEDIA	ATE CAUS		CY A CONSEQUENCE	nio-cerek	oral trau	ıma					
REST	HIN IR A ICHY IEMO	de	Conditions, if any, which	h	DUE TO, OR AS	S A CONSEQUENCI	OF							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	XECUTED WITHIN 24 HO NG" IN PENCIL IN ITEM 1 CAL EXAMINER ALONG BURIAL - TRANSIT PERMI AND MENTAL HYGIENE, ATION, OR REMOVAL.		gave rise to immediat cause (a) stating the <u>under</u> lying cause last.	_	(b)OUE TO, OR AS	A CONSEQUENCE	OF			13				
08.2	BE EXECUTED SINDING IN	1	PART 2 OTHER SIGNIFICANT CONDITION	S CONTRIBUT	(c)	NOT RELATED IN THE TE	MINAL DISEASE OF COMPI	TIRN CIVEN IN BART 1						
SO	"PENDING" "PENDING" FF MEDICAL ED AS A BU HEALTH AN HEALTH AN	Z				coholism	annar biseast by conbi	TITON STOCK IN TAKE I						
LRE	RD "PER HIEF M USED A OF HEA	CERTIFICATION	190. DATE OF OPERATION	1			RATION WAS PERF	ORMED?				20	AUTOPSY?	?
ATIA	200m-2	TIFIC											YES X	NO 🗌
0	女帝下言玄と		210 EXTERNAL CAUSE WAS	2	HOUR A.M. A	JURY MONTH DAY YEA	R	IRY OCCURRED (				PART 2)		
NON	FLOSS	MEDICAL	CONTRIBUTING CAUSE OF		3:30××	6-4- 186	Subject	fell ou	at of wi	ndow	•			
DIVI		ME	34/110 5	X '	STREET, FACTOR	Y, FARM, ETC.)	STREET		CITY OR TO		-	COUNTY		STATE
	TSNOOM	2			home			Carolir	ne St.,	Balte	o. C1	ty		MD
	AND		220. I certify that I taak char death resulted fram: Nati	ge at the ural cause			Autopsy X,	Inspection L micide	Inquiry		and in my	apınıan		
	XAN ERTIN LD B IIREC WITH ARYI		A	or ar cause		ccidein (==),		(SPECIFY)	on determined mi	anner	,			
	ALECHE OF HE		SIGNATURE /	5	DA			ssistant	MEDICAL EXAM	AINER	DAT	E 6	-4-86	6
	TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		EXAMINER'S MAME Ann	M. D	ixon, M	1.D.	ADDRES	111 Per	nn St.,		o., M	D 2	1201	
07/84	Bb	S	perinl	13) DATE	186	23C. NAME OF C	METERY OR CREMA	ATORY 2	3d LOCATION	In C.	در	Duty	Nº 3	er
25M	DHMH - 17 (VR A15 ME (5))	24. FU	NEBAL DIPECTOR DEAME	in	A DRESS !	7/2 11	1. Work	JUN 4	D. BY REGISTRA	R 356 RE	GISTRAR'S	SIGNA	USE USE	

71,

0 -	0867	8	1 -	FOR STATE REGISTRAR	DEI	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	GIENE & GREG. NO.	16376
y be	page 3			EASED NAME FIRST DOR PRINT) DO	prothy J. Bou	ghter	LAST	June 2, 19	10
DE # BO	ertor. po		3. SEX	F	4. RACE W	5 DATE	OF BIRTH  H DAY YEAR OF	/ 6-7	) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.  YRS.
Po Po	Per 72 hou	3	BIF	THPLACE (STATE OR FOREIGN DUNIRY)	76. CITIZEN OF WHAT COU	MARRI WIDOW	ED NEVER MARRIED DIVORCED	Baltimore C:	
10	The state of the s	0	Ва	ltimore /	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE St. Agnes	Hospita	al	120 USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WOR  Homemaker	RKING LIFE) 126 KIND OF BUSINESS OR INDUSTRY
7.24 hov	The state of the s	3	Die S	no Bal		RIOWN	YES NO NO	13e.STREET ADDRESS / ZIP 711 Maiden	CODE Choice Lane 21228
- P	0	38	FA	Thomas Du	dley Johnson	ST	15 MOTHER'S MAIDEN NA	garet Chambers	LAST
be every	Poor P	2		AS DECEASED EVER IN U.S. ARM ES, NO OR UNKNOWN) NO	WAR OR DATEST	SECURITY NO. 18 1783	Mrs. Margare	ADDRESS et B. Thyrre	
rificote				18 CAUSE OF DEATH (Enter and PART I, DEATH WAS CAUSED IMMEDIATION		diac	arrest		APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
that the death o	by the attendingose remove corp.			Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	Lapstu	le Heart	failure/cor A	il morale
requires	n signed Then plear to burio injury, or		NO	PART 2 OTHER SIGNIFICANT C	onditions <u>Contributi</u> n	G TO DEATH BU	T NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
30	has bee t permit. iene prior	7	CERTIFICATION	9a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY? 20b	. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \ NO \
TYSICIAN: The	er this certificate is the burial-transit and Mental Hygic ked or them 18 sh	1		2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONT P.M.	H DAY YEAR	21t HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART   OR PART 2}
PHY DA	the ond		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, C	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING PHYSICIAN: The	RECTOR. ned for us spt. of He tem 21 is			22a I certify that (I) (this hospit saw the deceased allow on above, (I) (we) (did (did not 22b. SIGNA/UP)	May 27		ind that in (my) (aur) apinian	death accurred an the date a	. 19 66 , that (I) (we) last and hour and from the causes stated
TO HOSPITAL O	ERAL e detc Stote	1		22d PHYSICIAN'S NAME ITYPE OR KB KOSS (4	PRINT) - Pauls	MD 1	ATTENDING PHYSICIAN [ 220 ADDRESS 405 Fred	MEDICAL STAFF  MOTRECTOR PHYSICIAN  PRICE Rel	Catousulle MD
₽ §			23a B	URIAL, CREMATION, REMOVAL PECIENTOMBMENT	23b. DATE 6/5/86	23c. NAME OF O	CEMETERY OR CREMATORY and Memorial	23d LOCATION Park CITY OR TO Balti	more out Md. State

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC. 6500 York Rd.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** 

LAST

MIDDLE

	REG. I	NO.	6
F	DEATH	MONTH	DAY

20. DATE OF DEATH

26 HOUR

YEAR

- STATE REGISTRAR

FIRST

FOR DECEASED NAME (TYPE OR PRINT)

mpletely filled in by the funeral director. and 2 should be filed within 72 hours of IMPORTANT: If them 21 is marked or Item 18 shaws ony injury, ar other traumatic event, the os the burial-transit permit. Then please remove corbonoope th and Mental Hygiene prior to burial, cremation, or removal.

00-098

poge 3

TO FUNERAL DIRECTOR: After this certificate has been LTENDING TO HOSPITAL retained by th BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

shauld be detached for use os with the State Dept of Health

)	(TYPE	Cacoly Cacoly	yn A	Bo	wen		(p)	13 86	12:45PM
	3 (55)	~	4. RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	十	eonale	Mrste	MONTH	26 40	45	YRS.	MONTHS DATS	HOURS MIN.
A.,		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	A., 5, 100	9 BALTIMORE CITY		OF DEATH	
1	1	BHINGTON D.C.	USA	WIDOWED	NEVER MARRIED U	Balte	min (	ita	MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR		120 USUAL OCCUPAT			F BUSINESS OR
X	(Z	a timore	(IE NOT IN SUCH FACILITY, G	of Mar	lad Herp	TOTEL	161 100	FE) INDUSTRY	Ispair
2	13a. S			ORTOWN 11	IN SIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODI	7/	11,30
-	14 FA	THER'S NAME	VOCT 17140	1,2010	YES NO	I DOX D	40-13		1031
	)		ROS	wey	Day	WIDDIE		Will.	500
5		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCI	AL SECURITY NO. 1	INFORMANT /	ADDR	ESS		
	Į,	NO N	1/A 579	-50-990X	Poor ET	Bowers -	SC	ne co	F13
		18 CAUSE OF DEATH (Enter or		), (b), and ici	3			APPROXIV BETWEEN C	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	Past	ancer		SJII	13 Ve	-3-
			DUE TO, OR AS A CO	NSEQUENCE OF					1 1
		Conditions, if ony, which	( (b)				7		
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF				- 1-4	
		underlying couse lost	(10)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIV	EN IN PART 110	
	CERTIFICATION	Gastrom	Hestonal t	tenorales	2			5-13	
7	ICA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES	S, WERE FINDIN	GS USED OF DEATH?
4	RTIF					YES NO	YE	S 🗌	NO 🗌
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MON	TH DAY YEAR	Te. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 F	PART I OR PART 2)	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER		19				100	
	MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY		II. LOCATION	CITY OR TO	NWO	COUNTY	STATE
		AT WORK		Irom June	10 00	711-0	+3	26	
		220.1 certify that (1) (this haspi sow the deceased alive on	17.1. 0 10	C-40	that in (my) (aur) apinion	death accurred on the d	eto and have		that (I) (we) lost
		obove, (1) (we) (did) (did no		n. /	GREE		ore ond nou		
		1000	1/18/15	for en M. O.	ATTENDING	MEDICAL STA		22c DATE	2/86
-		THE ICIAN'S NAME I HYPE O	OR BITNI)	acay in	PHYSICIAN [	DIRECTOR PHYSIC	CIAN	10/1	210~
		(dussell	(Del	un	552	Gree	ne S	-4	
	230 B	URIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF CEM	ETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Durial	16-16-86	Eman	velCemel	ee Huntu	relati	~ Calux	27 MD
	24 FU	INERAL DIRECTOR	uneral Home	DRESS OWING	5 250 DA	TE REC'D. BY REGISTRAR	290 REGIST	RAR'S SIGNAL	IRE
		MUSCI IT	DIKI WILL		30	MAT 0 1986	guar	Damin Agent - 1	

Codyn A Boysen of DE 11 Hill story The Designation of and tares while of charlet the Maryland Calyart Harriston & Box 2040 Holling Group Borne and STORY OF THE BUILDING STATES OF THE STATE OF THE STATES OF Briesteaner system of the terrestrate Fam - 2 55

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Reprint New Jane 1997 -

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-11354	FC S1 RE				DEPART	MENT OF	E OF MARYLAND BEALTH AND MENTAL HYO CCATE OF DEATH	GIENE &	6 REG. NO	D.	6	5 ,	7 9
oy be coge 3 C deoth C	1. DECEA	SED NAME	Forre	st	MMN	Bowse	er	2a. DATE OF	DEATH	MONTH 06 2	DAY YE		1:30p
4 may eror. pag	3 SEX	Male		4 RACE Bla	ck	5. DATE O	DF BIRTH 1/9/1922 YEAR	6 AGE (INY	EARS LAST BIR	(HDAY)	IF UNDER T	YEAR	IF UNDER 24 HRS
By State A	70. BIRTH	_ '	R FOREIGN	7b. CITIZEN OI	WHAT COUNTRY	? 8 MARRIE WIDOWI	D NEVER MARRIED D	9 BALTIMO	RE CITY O			Н	MI
of the contract of the contrac		TIMORE		St. Agr	HOSPITAL, NURSI DCH FACILITY, GIVE STREE DCS HOSPI	NG HOME (	OR OTHER INSTITUTION	120 USUAL ( TYPE OF WORL) Cus		F WORKING L			BUSINESS OR
AND 212 AND 212 And in pould be	USUAL R 13a, STA1 Ma	E	13b. COUN		136. CITY OR TOV Balti	WN	13d. INSIDE CITY LIMITS?	130.STREET A			_	St.	21229
MARYL Marketter open of		clee	Bowse	middle r	LAST		15. MOTHER'S MAIDEN NA Agnes H		WIDDLE			LAST	
TIMORE,		DECEASED EVE		MED FORCES? E WAR OR DATES)	166. SOCIAL SEC 228-18-8		17 INFORMANT Traynor Bows	er, 12:	ADDRE		dale	St.	21229
ires that the death cert gned by the attending in please remove carbo burial, cremation or re ry, or other traumatic	PA	onditions, if any over rise to impuse (a), statement couserlying	y, which nmediate ing the e last.	(b) DUE TO, ( (c)	OR AS A CONSEQUENCE OF AS A CONSEQUENCE CONTRIBUTING TO	JENCE OF	not related to the tera	Almal Diseasi	ORCONI	Our as	VEN IN PAI	RT 1co	
he low reques on.  The low reques on.  The permit. The permit. The permit. The one prior to one one one one one one one one one on	ERTIFICATION	DATE OF OPERA	ATION	19b. CONI	DITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTO	PSY?	IN CERTI	S, WERE FI	INDING USES O	S USED F DEATH?
DIVISION OF VITAL RECORDS,  UDING PHYSICIAN: The low requir I or ottending physician.  S. After this certificate has been significate by the burial-transit permit. Then ealth and Mental Hygiene prior to be smarked or them 18 shows any injury	WEDICAL C	WORK AT W	CAUSE OF DEA DICAL EXAMINER RRED	HOUR A ) P 21e. PLACE (AT HOME, S	OF INJURY A.M. MONTH D P.M. E OF INJURY TREET, FACTORY, OFFICE,	19	211 LOCATION SIREET			IY IN ITEM 18			STATE of (I) (we) lost
HOSPITAL OR ATTER ined by the hospital ined by the hospital bull be detached for uld be detached for the Stote Dept. of the ORTANT: If hem 21 is		sow the deceo obove, (I) (we) SIGNATURE LOVIS T	(did) (did not	t) view the bod	lack		Athor in (my) (our) opinion DEGREE  ATTENDING PHYSICIAN [ 220 ADDRESS 900 S. Caton	MEDICAL DIRECTOR	STAF	F IAN [Do	222 0	ATE ST	SNED ALL
Shoot shoot	22- PUIDI	AL CREMATION	251161111	Ton DAYE	Lan	NAME OF C		10011001	71011				

DHMH - 16 60M 7/B4

Rurial
24 FUNERAL DIRECTOR (VRA 15, 4)

Law Funeral Home 4611 Park Height Auec 21215

6/28/86

23b. DATE

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

230 NAME OF CEMETERY OR CREMATORY

N/Carolina

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

23d, LOCATION CITY OR TOWN etter begger to e de la companya de l funeral director, page 3 thi<u>g</u> 72 hours after death

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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6	0	8	0

	1-	FOR • STATE REGISTRAR		DEPART		IEALTH AND M		ENE 6	1 6	3 8	3 0	
		CEASED NAME FIRST		MIDDLE		LAST				DAY YEAR	26 HOUR A	
	(TYPE	JOS	EPH	T		D O WIZ T N		JUNE 24,	1	986	0 3 5	M
	3. SE		4. RACE	Τ.	5. DATE	BOYKIN OF BIRTH		6. AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS	_
		М	D		10		YEAR	50		MONTHS! DAYS	HOURS MIN.	
-		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUNTRY?	9	10	33	52 9 BALTIMORE CITY O	R COUNTY	OF DEATH		_
		COUNTRY) ARYLAND	11.0	7 7	MARRIE		ARRIED L	BALTIMO		CITY		
9		TY OR TOWN OF DEATH		S.A. HOSPITAL, NURSIN	WIDOWI		DRCED [	12a USUAL OCCUPATION			F BUSINESS OF	
<		BALTIMORE	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)			(TYPE OF WORK FOR MOST O			1 803114533 01	`
4	B (51)	AL RESIDENCE (IF NURSING HOME OF	THE J	OHNS HO	PKINS	HOSPI	TAL		•			_
1	13a S	STATE 136 COUR	NTY	13c. CITY OR TOW		134. INSIDE CIT	Y LIMITS?	13e STREET ADDRESS /	ZIP CODE			
4	-	ARYLAND		BALTIMO	RE	-41-7	10 🗆	937 NORTH	CENTR	AL AVE	21202	
	14 FA	ATHER'S NAME FIRST	WIDDIE	LAST		15. MOTHER'S /	MAIDEN NAM RST	E MIDDLE		LAS	ī	
1	F	TRANK		BOYKIN		MYRT	LE			GRIF	FIN	
		VAS DECEASED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECL	JRITY NO.	17 INFORMAN	T	ADDRE	SS			_
	N	YES NO OR UNKNOWN) (IF YES, GI	AE AN WE ON DIVIES!	2182861:	28	GEORGE	TTE BO	YKIN 937 No	orth C	entral	Avenue	
W		18 CAUSE OF DEATH (Enter or	nly one cause per	line far (a), (b), an	id (c)					APPROX	MATE INTERVAL	=
		PART I. DEATH WAS CAUSE	D BY.	cardiac	ann	est				111111111111111111111111111111111111111	min	
		WWW.EDIA					-					_
		Canditians, if any, which	DUE 10, O	R AS A CONSEQU	ENCE OF	fine Su	10010	auf M	5	9-1	O mont	4
		gave rise to immediate	) (0)_	The state of the s	menar	are ma	KENL.	Just III	J	-	777-007	_
		couse (a), stating the underlying cause last.	DUE TO, O	R AS A CONSEQU	ENCE OF			/		1		
			(c)									=
	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>C</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	NAL DISEASE OR CONE	DITION GIVI	EN IN PART 11		
	CAT	190. DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?		, WERE FINDIN		
7	Ē							YES NOT	4	YING CAUSES	NO T	
	H H	21a. ACCIDENT WAS UNDERLYING				1216 HOW INJU	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM TO PA	ART I OR PART 2)		-
1		OR CONTRIBUTING CAUSE OF DE	ATR.	M. MONTH D.								
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e PLACE	M. OF INJURY	19	211 LOCATION	1					-
	W.	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F	FARM, ETC )	STREET		CITY OR TO	VN	COUNTY	STATE	
		AT WORK AT WORK			6-7	2	01.	. 6-	24.	. 01.		_
		220 I certify that (I) (this hasp saw the deceased alive an			01		ur) aninan de	eath accurred on the do	to and hour		that (It (we) las	it.
	100	abave, (1) (we) (did) (did no	at) view the body	ofter death.	9:15	a m	or, aprillari de	eoin accurred on the ac	re and nour			_
		774 SIGNATURE	00-	DMD.		DEGREE	TENDING	MEDICAL STAF	c	22c. DATE	SIGNED	
		jungen	ondon	2 m.O .		PH	YSICIAN	DIRECTOR PHYSIC		14/2	4/86	
		THE PHYSICIAN'S NAME LITYPE		M		22e ADDRESS	-	11 1.	11	. 1	1	
		Usesty 1-	. Lond	on, M.I	).	The .	Johns	HOPKINS	Mo	25 P. T.	a j	
	23a E	BURIAL, CREMATION REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION				=
		SPECIFYI					EMATORY	CITY OR TOWN	RE	COUNTY	ARYT AND	=
	24 FL	URIAL UNERAL DIRECTOR	6-28-	86	BALT	IMORE_				MZ	RYLAND	_
2000	24 FL	URIAL	6-28-	86	BALT	IMORE_		BALITIMO REC'D. BY REGISTRAR		MZ	RYLAND	=

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove continuent the State Dept. of Health and Mental Hygiene prior to burial, cremation, err IMPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar ather traum atte

retained by the haspital or attending physician.

BP.



TO CONTROL OF DEATH  BALTIMORE CITY  IN NAME OF POSPITAL NURSENS CHOOK OR OF THE INSTITUTION  IN CHOOK PASSING ASSESSMENT OF THE PROPERTY OF T		1						E OF MARYLAND				
DECEASED PRANE   1911   AGE   NO   15   15   15   15   15   15   15   1	00-11	0120	1.	STATE		DEPA			YGIENE 8 -6	1 6	5 0	8
RUTH P. BOYLE   LAGE INTRACKS SAME   LAGE INTRACKS	001	0120	1.05								1	To the second
Female  White  June 14, 1929  65 vps  18 BRITHRACE STRICT CHOICE  18 BRITHRACE STRICT CHOICE  18 BRITHRACE STRICT CHOICE  19 BRITHRACE STRICT CHOICE  10 BRITHRACE CHOICE  10 BRITHRACE CHOICE  10 BRITHRACE CHOICE  11 BRITHRACE CHOICE  11 BRITHRACE CHOICE  12 BRITHRACE CHOICE  12 BRITHRACE CHOICE  13 BRITHRACE CHOICE  14 BRITHRACE CHOICE  15 BRITHRACE CHOICE  16 BRITHRACE CHOICE  17 BRITHRACE CHOICE  18 BRITHRACE CHOICE  18 BRITHRACE CHOICE  19 BRITHRACE CHOICE  10 BRITHRACE CHOICE  11 BRITHRACE CHOICE  11 BRITHRACE CHOICE  11 BRITHRACE CHOICE  12 BRITHRACE	· ·	en €						ASI	20 DATE OF DEATH	,		
Female   White   June   14, 1921   18   18   18   18   18   18   18	oy b	9 0 0				P	Leave		201.10			
THE BRITHPACE CHOICE COUNTY OF BRAIN  MARRED   NEVER MARRED   BALTIMORE CITY OR DOWN OF BRAIN   MARRED   MODES    MARRED   MODES   MARRED   MODES   MARRED   MODES    MARRED   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES    MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES    MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES    MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES    MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES   MODES    MARRED   MODES   MODES   MODES   MODES	£ E	offer p	3. SE				MONTH	DAY YEAR		RTHDAY)	ONTHS DAYS	
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BELITMORE CITY  WINON OF DEATH  BALITMORE CITY  WINON MEMORIAL HOSPITAL  Teacher  Te	2	700		OUNTRY)	76 CITIZEN OF		MARRIE	D NEVER MARRIED		_		
BALTIMORE CITY  (PRO) INICOLARCE ACORDS ON CORREST ACORDS (PRO)  (PRO) INICOLARCE ACORDS (PRO)  (PRO) INICOLAR	-	11/11	10.0		NAME OF			23				MD.
The transfer of the transfer	210	1 pg 44.	BA	LTIMORE CITY	(IF NOT IN SU	ION MEMO	ORIAL H		TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate course in its immediate cours	24 F	fulled build be muss	13a S	1 1-	OR OTHER INSTITUTION				130 STREET ADDRESS	/ ZIP CODE eland	Ave.,	21212
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MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate course in its immediate cours	ORE,	es de ce				166. SOCIAL SE	ECURITY NO.	17 INFORMANT	ADDR	ESS		
MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate course in its immediate cours	IMC	0 0			SIVE WAR ON DATES)	219 34	6747	Joan P. E	Boyle, Balt	:0., M	ID _	
MMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate course in its immediate cours	3ALT	100		18 CAUSE OF DEATH (Enter	only one couse pe			1			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse ion, stoling the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO BUT TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO BUT TO, OR AS A CONSEQUENCE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TION  TO BUT TO, OR AS A CONSEQUENCE OF INCIDENCE OF INC		ph p				KESPIRA	ATORY	HRREST				
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The property of the property o	deo deo	diffe diffe			(b)_	GARI	PAC	FAILUR	?E			
The property of the property o	y sh			cause (a), stating the	DUE TO, C	R AS A CONSE	OUENCE OF					
The property of the property o	tho t	p old p			( (c)_							
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT		signi b but ury	z	PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	1DITION GIVE	N IN PART 1	0
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	OR Dear	ior to	ATIO	In DATE OF OPERATION	TION CONIC	NITION FOR WHI	ICH OBERATIO	NI WAS PERSORATED	200 ALITOPSY2	204 IE VES	WERE FINDI	NGSTISED
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	REC.	os b perm ne pr	FIC.	DATE OF OFERATION	170. CON	JITON FOR WAI	ICH OPERATIO	TO WAS FERFORMED		IN CERTIFY	ING CAUSES	S OF DEATH?
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	TAL The	nsit p	ERT	21a ACCIDENT WAS UNDERLYING	716 TIME	OF INJURY		21r HOW INJURY OCC		IPY IN ITEM IS PAI	PILLOR PART 21	NO []
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	Phy Phy	P P P P P P P P P P P P P P P P P P P	-	OR CONTRIBUTING CAUSE OF E	EATH HOUR A	M. MONTH			CHIED TENTER WATOR OF THE			
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	YSKC	Ment Went	DIC.				19	216 LOCATION				
270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  270 I certify that (i) his haspital) attended the deceased fram 19 dour) opinion death accurred an the date and haur and tram the causes stated obove, (i) (we) (did) (did not) view the bady after death.  271 DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR DIRECTOR PHYSICIAN DIRECT	/ISIG	the band	ME		(AT HOME, ST	TREET, FACTORY, OFFI	CE FARM ETC )		CITY OR TO	NWC	(OUNTY	STATE
Sow the decreed olive on	ON S	Afte e os olth mork			nital) attended ti	he deceased fro	. JUNE	20 10 8	O TUNE	2.40	· 844	that wellost
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	TEN	or us of He 21 is		saw the deceased alive a	on JUNE	20	86 .	nd that in 🚳 (our) opinion	an death occurred an the c	date and haur	and fram the	couses stated
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	A A I A Desp	REC spt. o			not I view the body	y offer death	1	DEGREE			22c. DATE	
BP . Cremation 6/23/86 Green Mount Balto., COUNTY MD STATE  13 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE	the of	ot Di	1	John !	Thomas	- Towe	in	ATTENDING	MEDICAL STA		6	20 86
BP . Cremation 6/23/86 Green Mount Balto., COUNTY MD STATE  13 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE	SPIT A	Sto Sto		22d. PHYSI IAN'S NAME (TYPE	OR PRINT)	0		22e ADDRESS				
BP . Cremation 6/23/86 Green Mount Balto., COUNTY MD STATE  13 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co. 1250 DATE REC'D. BY REGISTRAR'S SIGNATURE	HO	FUr shift POR		JOHN	1 HOM	AS E	VELIUS	UNION	MEMORIAL HOS	PITAL		
BP Cremation   6/23/86   Green Mount   Balto., MD	0 g	5 4 ₹ ¥		SURIAL, CREMATION, REMOVA				1				
24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.   250 DATE REC'D. BY REGISTRAR'S SIGNATURE	BP			Cremation	6/23	/86	Green	n Mount	Balto	• ,	COUNTY	MD STATE
A AND CASE Vanis Dood Polto AND CASE AND CASE			24 F	JNERAL DIRECTOR Henr	y W. J	enkins	& Sons	S Co. 250 E	ATE REC'D. BY REGISTRAL	256. REGISTR	AR'S SIGNA	TURE
(VRA 15, 4) 4905 York Road Balto., MD 21212 JUN 23 1086 June dandson Amelian		/RA 15, 4)	4	905 York Roa	ad Balt	o., ME	5 21	212	IUN 23 1986	Julia de	widson	physiolites
(VKA D. 4) I AMUD YORK ROBU DOLLO. IVIII 21212 I IIII 1 7 4 ANDE LA	DHMH	- 16 60M 7/84	24 F	JNERAL DIRECTOR Henr	y W. J	lenkins	& Sons					

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MERICAN CON P. Bole, Blb., No

count need) 8/1/2/3 continued

Year Face Elio., Me 1112

		FOR		DIDARY		OF MARYLAND EALTH AND MENTAL HYG	PAIR	, , ,	0 0
0687	1 -	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO		0 4
en 4		EASED NAME FIRST		Brehme		ASI		AONTH DAY YEAR	20 HOOK
deod	1	Hilde		preime	Bac	zeburn.		6-25-86	
fter	3. SEX	-	4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH	MONIHS DA	AR IF UNDER 24 HRS
I S O	2	Female	Whi			11/1920 46 AR	65 6		
35	CC	Maryland  Maryland	USA		MARRIE		Baltimore city of Baltimo	county of DEATH ore City	MD.
V	Cit	Baltimore	5T IN SUC	HOSPITAL, NURSIN CHEACILITY, GIVE STREET LAGNES	ADDRESS)	ital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF COORDING	WORKING LIFET INDUST	of Business OR RY Paper
B	Ma Ma	ryland Bal	imore	Baltin	/N	13d. INSIDE CITY LIMITS? YES NOXX	3006 Veri	zip cope nont Ave.	Box C , 21227
130	FAT	Harry Harry	WIDDLE	Scheele	er	Frieda	WE		Brehme
lico /		AS DECEASED EVER IN U.S. AL	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRES	sGlen Bur	nie, Md.
Sec	(15	no	VE WAR OR DATES	220-03	-568	B Dudley W.	Bradburn	7103 Pi	ckering
ermit. Then please remay e-prior ta burial, crematic carrillipiny, ar ather trai	0	Conditions, if any, which gave rise to immediate cause to stating the underlying cause last  PART 2 OTHER SIGNIFICANT  LONGROUSE  ODATE OF OPERATION	conditions co	R AS A CONSEOU  ONTRIBUTING TO  HOTEL  THOM FOR WHICH	RPREDEATH BUT	myclom NOT RELATED TO THE TERM R hip N WAS PERFORMED	NINAL DISEASE OR COND  KO Chin  (700 AUTOPSY?		IDINGS USED
5/	CERTIF						YES NO	YES 🗌	NO 🗌
r kem 18 s	MEDICAL CE	TIG. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ LIFETHER NOTIFY MEDICAL EXAMINE TIG. INJURY OCCURRED	ATH HOUR A.	M. MONTH D  M. 6-2-  OF INJURY	AY YEAR	Subject fe	211.		
norked		WHILE NOT WHILE AT WORK  270. 1 certify that (1) (this hasp	I AT HOME ST	REET FACTORY OFFICE,	ARM, ETC )	3006 Vermont	Ave. Balt	to.	MD (we) lost
SO of H		saw the deceased alive a above, [Jawe] (did) (did n 27b. SIGNATURE	/	after death.	, 0,	d that in (my) (arr) painton DEGREE CERTIFICATION APP	peat of tyred on the da	te and have and from	
with the State		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	20		PHYSICIAN [	DIRECTOR   PHYSICI	8p.	
od w M	23a BU	RIAL, CREMATION, REMOVAL  Burial	236 DATE 6/27			emetery or crematory ridge Mem P	k Elkride	ge, Howar	d, Md <sup>late</sup>
16 60M 7/84	24 FUI	NERAL DIRECTOR	Ва	l to NRESS N	ld . 2	(.6.)	E REC'D. BY REGISTRAR 2		
15 4\	Mo	Cilly Funer:	al Home	237 T	Pa	tangen Aval	N 2 7 1006	Cyrus Land Comment	

BENEFITAS WEIGHT IN THE FLAN STATES .

DIVISION OF VITAL RECORDS, 201 W PRESTON ST. BALTIMORE, MARYLAND 21201	0
	1
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be etained by the haspital ar attending physician.	0
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely falled in by the funeral director, page 3	9
should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	9.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	Ö	REG. N	10.	0	0	
2a. DA1	E OF	DEATH	MONTH	DAY	YEAR	HOUR

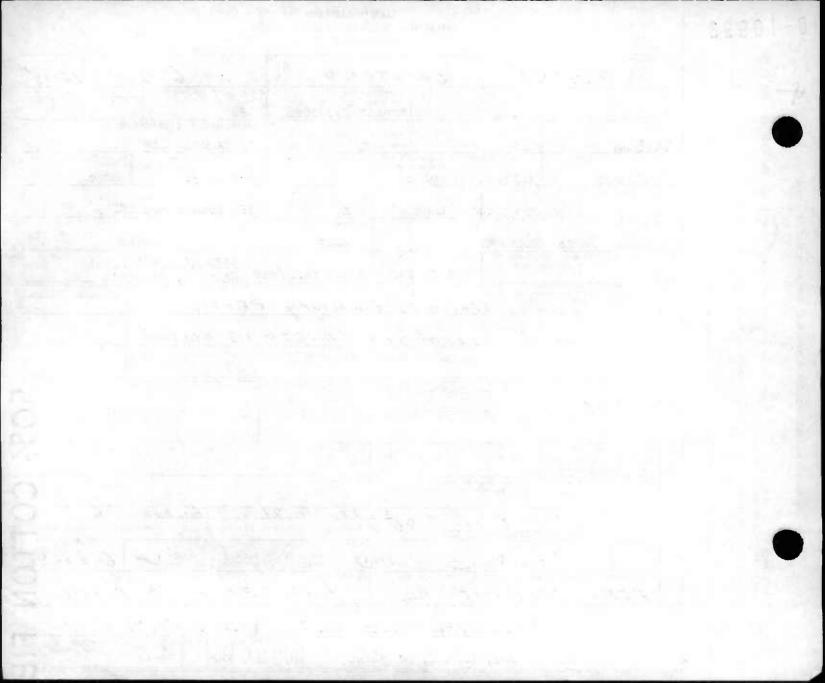
	1-	FOR STATE REGISTRAR			IEALTH AND MENTAL HYG	IENE S	160	8 3
1		CEASED NAME FIRST	MIDDLE		IAST		MONTH DAY YEAR	26 HOUR
1	(TYPE	ORPRINTI MARTI	YA	BRADT	ORD	- 4	6 - 21-8t	12.15M
١	3. SEX		4 RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE.	AR IF UNDER 24 HRS
١	Fe	emale	White	Augu	st 25, 1905	80	YRS	TS MOOKS MIN.
1		RTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT	T COUNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
		reland	USA	WIDOWI	DIVORCED	Baltimore		MD.
1	Bo	altimore	Lutheran	Hospital	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF housewife		
-	USUA 13e. S			ESIDENCE BEFORE ADMISSION) CITY OR TOWN Laurel	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE S AUE 20707	
1	-	THER'S NAME			15. MOTHER'S MAIDEN NAM	AE		
4	W	illiam James	Burrowes	LAST	Sarah	WIDDLE	Gault	LAST
	160 W	VAS DECEASED EVER IN U.S. AF	MED FORCES? 166.	SOCIAL SECURITY NO.	17 INFORMANT	3180 ADDRE	rkwell Plac	0
3	no		VE WAR OR DATES)	26 20 8269	Roger Bradfor	rd Herndon	. Virginia	e
	NO	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause last  PART 2 OTHER SIGNIFICANT  ARTHIR IT.	DUE TO, OR AS	a consequence of	CONCER			lio
1	CERTIFICATION	190. DATE OF OPERATION		FOR WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINING CAUS	
-		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	URY MONTH DAY YEAR 19	21c. HOW INJURY OCCURR			
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF IN (AT HOME, STREET, FA	IJURY ACTORY, OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR FO	wn County	STATE
		220 I certify that (I) (this hosp sow the deceased alive ar above, (I) (we) (did) (did no	6-21	- 19 86.0	nd that in (my) (aur) opinion of	6, ta 6 - death accurred on the do	21-, 19 86 ate and hour and from t	the causes stated
		22b. SIGNATURE	Ralen	2 m	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	FI	21-86
		ANIC N	ORPRINT)  RAII	KER	22e ADDRESS LUTH	ERAN	HOSPi,	TAL
	23a. B	BURIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
	C	remation	June 23,	1986 Westur	iew Mem. Park	Catonsvi		
	24 FU	JNERAL DIRECTOR			25a. DAT	E REC'D. BY REGISTRAR	256. REGISTRAP'S SIGN	ATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT: If Item 21 is marked ==

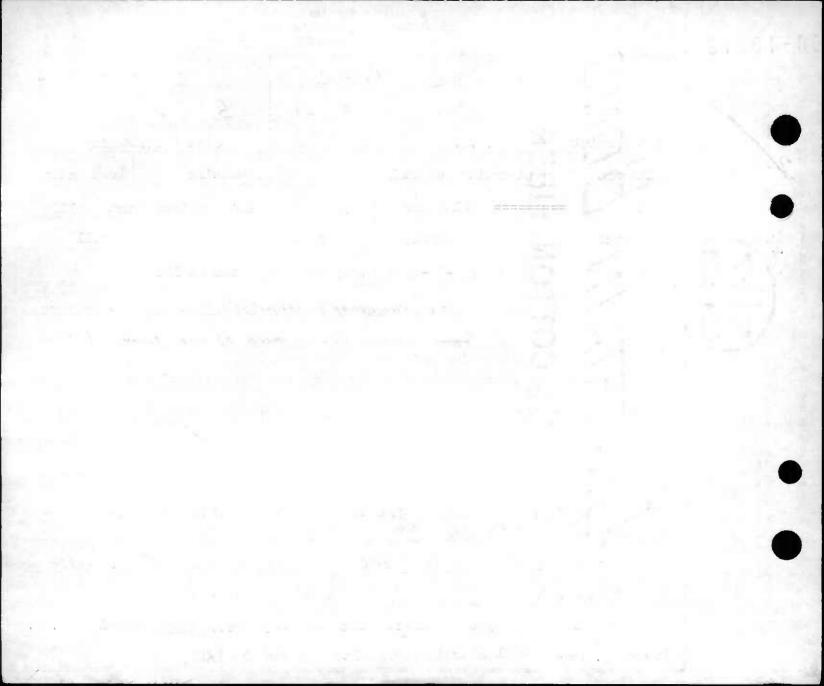
Donaldson Funeral Home, Laurel, Maryland

250. DATE REC'D. BY REGISTRAP 256. REGISTRAP'S SIGNATURE



(VRA 15, 4)

				21	ATE OF MARYLAND			
0816		FOR STATE REGISTRAR		CER	OF HEALTH AND MENTAL HY TIFICATE OF DEATH	REG. NO.	163	3 4
66 pe		CEASED NAME FIRST	INDA	JANE	BRAKE	20. DATE OF DEATH M	31 91	1255 PN
de po	3. SE	(Female	4. RACE	5 DA	TE OF BIRTH ONTH DAY YEAR 27	6 AGE (IN YEARS LAST BIRTH		HOURS MIN.
182	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia		CI A-	RRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH	WE
38		altimore	11. NAME OF I		AE OR OTHER INSTITUTION	12 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF L Housewife	WORKING LIFE) 126 KIND OF INDUSTRY HOME 1	Business or Vaker
A hour	3a. S	AL RESIDENCE (IF NURSING HOME) STATE  TYland  TYLANGE  TY		GIVE RESIDENCE BEFORE ADMISSI 13c. CITY OR TOWN Baltimore	VES X NO .	13. STREET ADDRESS / 14207 Morris	ZIP CODE son Court 2	21226
170	14 FA	THER'S NAME Bruce	MIDDLE	Riffle	15. MOTHER'S MAIDEN N. Nannie	AME	Bel	l
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is been uggered by the affects on prior to be affected by the affects on prior to buried, cremation, or a day injury, or other troumpat	HCATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION	DUE TO, O  (c)  HT CONDITIONS CO	RAS A CONSEQUENCE C	BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	TION GIVEN IN PART 1:0  20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executing entities retained by the hospital or attending physician.

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 3 0 3
1 DECE (TYPE OF	EASED NAME FIRST	neda G.	Bresnick	20. DATE OF DEATH MONTH	26 HOUR 035
3 SEX (		eda G.	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	A IF UNDER 24 HI
	temap	white	MONTH DAY YEAR 2.3	63	MOUNT MA
501	THPLACE (STATE OR FOREIGN )	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED 124	Baltimore city or cou Baltimore	
B	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET.	ומלום פודר	120 USUAL OCCUPATION  HYPE OF WORK FOR MOST OF WORK  CUSTOCIAN - CIE	126 KIND OF BUSINESS OF BUSINESS OF BUSINESS OF Drink
SUAL 13a STA Ma	RESIDENCE (IF NURSING HOME OR ATE 13b COUN	OTHER INSTITUTION GIVE RESIDENCE REFORE TY 136. CITY OR TOW BALLIMOS	ADMISSION) N 13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP (	CODE n Ave 21223
14 FATH	HER'S NAME	AIDDLE LAST	15. MOTHER'S MAIDEN NA/	MIDDLE	LAST
	AS DECEASED EVER IN U.S. ARA S, NO OR UNKNOWN) (IF YES, GIVE NO	AED FORCES? 166 SOCIAL SECU WAR OR DATES) 170-24-6		ADDRESS Bresnick Same	13e
ofic eve		y one cause per line for (a), (b), one BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE	PIODANE PUIMONO	y embolism	=/hour
y, or other fre	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO D		INAL DISEAȘE OR CONDITION	NGIVEN IN PART 130.
y, or other	gave rise to immediate cause (a), stating the underlying cause last.	onditions contributing to a	NCE OF	CENCEDOVASCU 200 AUTOPSY? 200.	NGIVEN IN PART 1,0.  OF OCCIOENT  IF YES, WERE FINDINGS USED  ERTIFYING CAUSES OF DEATH?  YES NO
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Hitem 21 is marked or Item 18 shows ony injury, ar other MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT COULD BE COULD BY THE SIGNIFICANT COULD BY THE SIGN	ONDITIONS CONTRIBUTING TO E  INS. DIODE CS.  INS. CONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21c. PLACE OF INJURY (AI HOME STREET FACTORY, OFFICE F.	ORERATION WAS PERFORMED  21c. HOW INJURY OCCURE 19  ARM. ETC.)  DEGREE  ATTENDING	200 AUTOPSY? 200. YES NO TO THE CHIP NATURE OF INJURY IN ITE  CITY ORTOWN	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 , that {II (we)}
WPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT COLUMN (1)  PART 2 OTHER SI	ONDITIONS CONTRIBUTING TO E  TUS, LODE TES  ING CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH DA P.M.  216. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F.	ORERATION WAS PERFORMED  21c. HOW INJURY OCCURE 19  ARM. ETC.)  DEGREE  ATTENDING	200 AUTOPSY? 200.  200 AUTOPSY? 200.  YES NO CITY OR TOWN  CITY OR TOWN  ADDICAL STAFF DIRECTOR PHYSICIAN CAPACITY OF TOWN  AMEDICAL STAFF  CAPACITY OF TOWN	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE  COUNTY STATE  19 , that {II (we)}

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-WALTER UNERAL DIRECTOR
5 FOR YOUR FILES.
WITHIN 77 HOURS
V. PRESTON STREET. DEATH MATED BRICE 6 10 86 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE YEAR LAST BIRTHDAY 4:12 P M RONOUNCED 23 1910 black 75 DEAD 19 86 male 70 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED IL CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS Retired Baltimore Sinai Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 5368 Cuthbert Avenue 21215 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Unkrown Unknown 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** 160. WAS DECEASED EVER IN U.S. ARMED FORCES? DIVISION YES NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 160-18-0523 Celia Reid 5368 Cuthbert Avenue 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH CHIEF MEDICAL EXAMINER ALONG WITH THE STATE DEFAULT BENEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL INFOGENE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUF TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NOX 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OF TOWN Inspection 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted from Natural causes Accident Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 6-4-86 SIGNATURE EXAMINER'S NAME \ Ann M. Dixon, M.D. 111 Penn St., Balto., MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECHY Buria 6/6/86 Garrison Forest Vet Owings Mills MD 07/84 BP 25M 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURA 24 FUNERAL DIRECTOR **DHMH - 17** Wardin Funeral Home West 300 Wabash Avenue (VR A15 ME (5))

DE 20-91-51 AND STATE Service Commence Kingwagger L. T. Khudens Weeks with sent and 245 K. T. T. D. May low a Darrier & 2320 But Bayer Trees 6-21-86 KING PARKLES

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filled in		AL RESIDENCE IN NUR BATTATE  Aryland Ba	OTHER INSTITUTION UNITY	13t. CITY OR 1	NWO	13d INSIDE CI	ITY LIMITS?	13e STREET ADDRE	ss/zipcope ffers Ro	1.	21204
2 P	19 FA	THER'S NAME	WIDDLE	(AST			MAIDEN NAM	AE MIDD	I F		AST
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signed by the arrentent please remove or to burial, cremation, ijury, or ather froumor.	Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PARI 2 OTHER SIGNIFICATION CONTRACTION OF THE COUNTY OF T	(b)	OR AS A CONSE	QUENCE OF	NOT RELATED	TO THE TERM	Carohoro	CONDITION GIV	EN IN PART	110
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Î @		OR CONTRIBUTING CAUSE	OF DEATH HOUR A	.M. MONTH		ZIL HOW IN.	JORT OCCURR	LE LENIER NATURE OF	INJURY IN ITEM 18 P	ART FART 2)	
r Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXA		OF INJURY	19	211 LOCATIO	N				
orked	ME	WHILE NOT WHILE AT WORK	] AT HOME, ST	TREET, FACTORY, OF		STREET	1/22	CITY	OR TOWN	COUNTY	STATE
n 21 ts m		22a I certify that (I) (the saw the deceased alia above, (I) (wasted) (d	ve an	6/5/	9 <u>86</u> , or		I/19/4	, to death occurred on the	ne date and hav		
AT: If Iten		22b. SIGNATURE?	B Bras	ely		P		MEDICAL DIRECTOR   PH	STAFF YSICIAN []	221 DAT	9/86
with the State		22d. PHYSICIAN'S NAME (	TYPE OR PRINT!	0		22e ADDRESS					
# NPO		Albert B. B	radley M.	D.		4900	Belair	Rd.			
, =	23a. E	SURIAL, CREMATION, REMO			23c. NAME OF C			23d LOCATION	N	COUNTY	Md. STATE
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JUN 9 1986 Julia Davidson-Handras

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Ruck Towson Funeral Home, Inc. 1050 York Rd.

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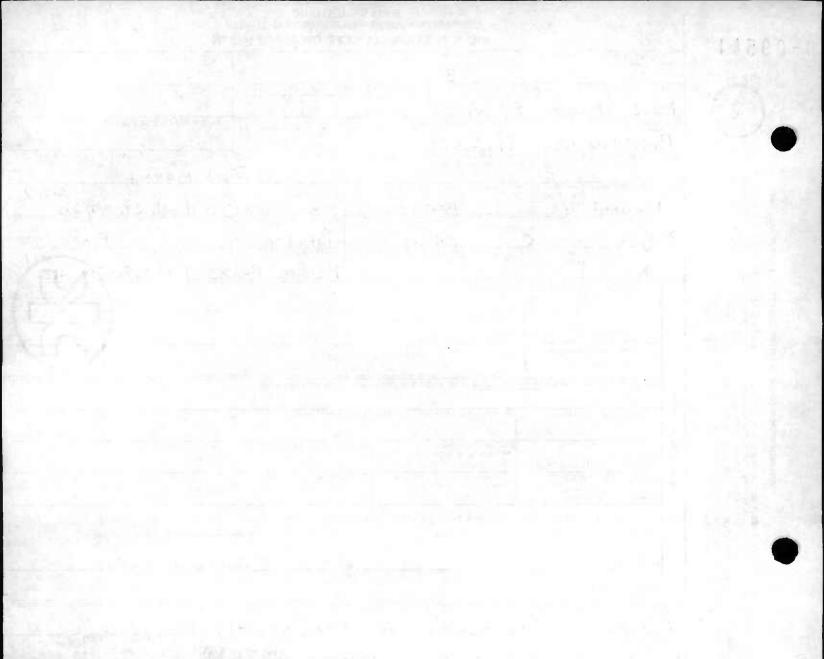
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

### FOR STATE REGISTRAR

#### STATE OF MARYLAND

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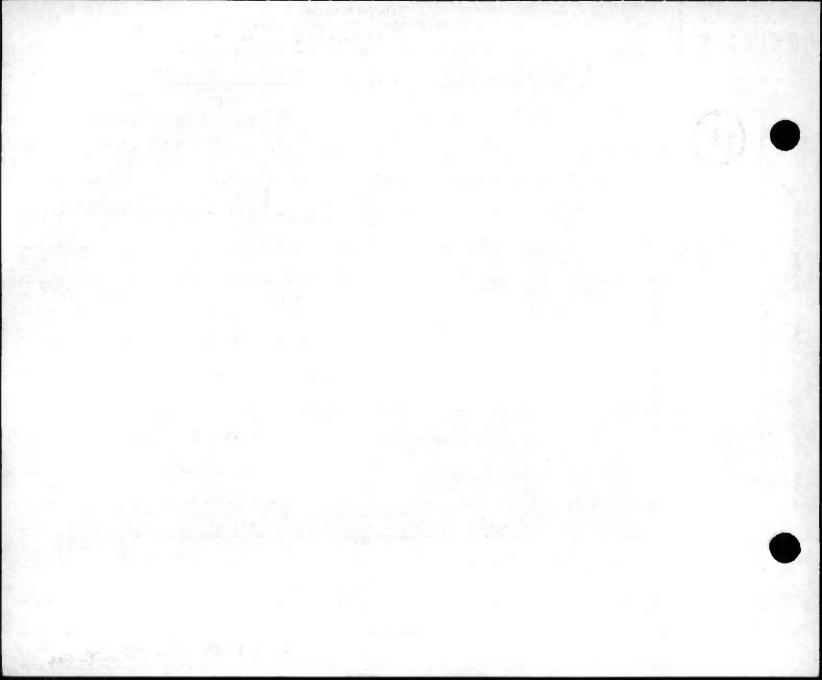
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Anatomy Board

Balto., Md. JUL 1 1 1980 Julia Sinder Pendage

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70	COUNTRY		b. CITIZEN OF WHAT COUNTRY?	8 MARRIED D NEVER MARRIED	F- (- 1811		
10	Maryl CITY OR TOW			WIDOWED DIVORCED [	12a. USUAL OCCUPATIO		OF BUSINE
3/18	Baltimo	-e City	Prancis Scott Key		Office	F WORKING LIFE) INDUSTRY HOSP	ital
13	SUAL RESIDEN		OTHER INSTITUTION, GIVE RESIDENCE BEFORE	E ADMISSION) /N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
	Hary land		more Baltimo	YES NO 15. MOTHER'S MAIDEN I		non Ave 2	1213
10	FIRST		AIDDLE LAST	FIRST	MIDDLE	LAS	51
16	WAS DECEA	SED EVER IN U.S. ARA	MED FORCES? 16b SOCIAL SECU	JRITY NO. 17. INFORMANT	#4511 ADDRE	Calloii	
1/	No		119-01-4	Ms. Adel	le McMahon	Baldwin,	
nt,	18. CAUSE PARTI.	OF DEATH (Enter onl DEATH WAS CAUSED	y one couse per line far (o), (b), an OBY:	Resumton And	at	BETWEEN	ONSET AND
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T	PART 2 O' 19a. DATE C 21a. ACCIDE OR CONTRIB (IF EITHER 21d. IN JUR'	THER SIGNIFICANT C  OF OPERATION  INT WAS UNDERLYING  CAUSE OF DEA  NOTIFY MEDICAL EXAMINER!  OCCURRED	ONDITIONS CONTRIBUTING TO	OPERATION WAS PERFORMED  21c. HOW INJURY OCC  AY YEAR  19  211. LOCATION	RMIN AL DISEASE OR CONE 200. AUTOPSY? YES NOTE	206. IF YES, WERE FIND IN IN CERTIFYING CAUSES YES 12 IN ITEM 18, PART 1 OR PART 2)	NGS USEI OF DEAT
T	PART 2 O'  190. DATE C  21a. ACCIDE OR CONTRIB (IF EITHER I 21d. IN JUR WHILE AT WORK  220.1 certifi	THER SIGNIFICANT COSE OF OPERATION  OF OPERA	ONDITIONS CONTRIBUTING TO DISCONDITIONS CONTRIBUTING TO DISCONDITION FOR WHICH  21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FORTHOLD THE DESCRIPTION OF THE DISCONDITION O	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET	PRED (ENTER NATURE OF INJUR	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES 19 IN ITEM 18. PART 1 OR PART 2) WN COUNTY	NGS USE OF DEA' NO
T	PART 2 O' 19a. DATE C 21a. ACCIDE OR CONTRIB (IF EITHER I 21d. INJUR WHILE AT WORK 22a.1 certif above	THER SIGNIFICANT C  OF OPERATION  INT WAS UNDERLYING  UTING CAUSE OF DEA  NOTIFY MEDICAL EXAMINER!  OCCURRED  NOT WHILE AT WORK  THE CONTROL OF THE CONTROL OF THE CONTROL  AT WORK  THE CONTROL OF THE CONTROL OF THE CONTROL  AT WORK  THE CONTROL OF THE CONTROL O	ONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216. TIME OF INJURY HOUR A.M. MONTH D. P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED  AY YEAR  19  216. HOW INJURY OCC  AY YEAR  19  211. LOCATION  STREET	PRED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDING CAUSES YES  TY IN ITEM 18. PART 1 OR PART 2) WAY COUNTY  21th and have and from the	NGS USE S OF DEA' NO [
T. If Item 21 is marked or Item 4	PART 2 O'  19a. DATE C  21a. ACCIDE OR CONTRIB (IF EITHER 21d. IN JUR' 22a.1 certif above 22b. SIGN A	THER SIGNIFICANT COME TO THE S	ONDITIONS CONTRIBUTING TO DONN TO THE PROPERTY OF THE PROPERTY	OPERATION WAS PERFORMED  AY YEAR  19  211. LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	PRED (ENTER NATURE OF INJUR  CITY OR TOV  an death accurred an the da	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES  14 IN ITEM 18. PART 1 OR PART 2)  WN COUNTY  22c. DAT8	NGS USE S OF DEA' NO [
T	PART 2 O'  19a. DATE C  21a. ACCIDE OR CONTRIB (IF EITHER 21d. IN JUR' 22a.1 certif above 22b. SIGN A	THER SIGNIFICANT C  OF OPERATION  INT WAS UNDERLYING  UTING CAUSE OF DEA  NOTIFY MEDICAL EXAMINER!  OCCURRED  NOT WHILE AT WORK  THE CONTROL OF THE CONTROL OF THE CONTROL  AT WORK  THE CONTROL OF THE CONTROL OF THE CONTROL  AT WORK  THE CONTROL OF THE CONTROL O	ONDITIONS CONTRIBUTING TO DONN TO THE PROPERTY OF THE PROPERTY	OPERATION WAS PERFORMED  AY YEAR 19 211. LOCATION STREET  DEGREE  ATTENDING	PRED (ENTER NATURE OF INJUR  CITY OR TOV  an death accurred an the da	206. IF YES, WERE FIND IN CERTIFYING CAUSES YES  14 IN ITEM 18. PART 1 OR PART 2)  WN COUNTY  22c. DAT8	NGS USER NO C  that ( causes ste



# FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

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REG. N	10.			
ATE OF DEATH	MONTH	16	YEAR 86	26. HOUR

1.0	REGISTRAR	MIDDLE	LAST		REG. NO.	DAY YEAR 25 HOU
	ECEASED NAME PE OR PRINT!  Gra		0,	COOKS	20. DATE OF DEATH MONTH	16 86 10
3. S	ex M	RACE BLack	5. DATE OF BIR	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER
3 70.1	BIRTHPLACE (STATE OR FOREIGN COUNTRY) North CArolina	76. CITIZEN OF WHAT COUNTRY U.S.A.	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Baltimore City or Cou	NTY OF DEATH
10	Baltimore	11. NAME OF HOSPITAL, NURSI PIER NOT IN SUCH FACILITY, GIVE STREE Dears Hospital	+ Med.	Ceuler	(TYPE OF WORK FOR MOST OF WORK)  Laborer	W.R. Grac
No.	UAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Maryland	OTHER INSTITUTION GIVE PUSIDENCE BEFO ITY 1136 CITY OR TOV Baltimo	re YES		1306 Cherry	COPE 21225 Hill Road Apt
0	Grant	Brook	S	Satily	WIDDIE	LAST
160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC EWAR OR DATES) 246-09-		oriene Broo	oks 1206 Cherry	
	PART I. DEATH WAS CAUSE	ly one cause per line or (a) (b). o D BY. E CAUSE (a)	in deal	L probab	My orrythun	APPROXIMATE INTER BETWEEN ONSET AND AMAGE
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (b)  DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF			year
CERTIFICATION		ONDITIONS CONTRIBUTING TO	s Visz	alap.	200 AUTOPSY? 20b. II	FYES, WERE FINDINGS USEE ERTIFYING CAUSES OF DEAT YES NO
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH (	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEA	n 18 PART I OR PART 2)
MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	. FARM, ETC )	LOCATION	CITY OR TOWN	COUNTY
	saw the deceased olive on above, HH we) (did) (did no	tal) attended the deceased from 19 4 view the bady after death	86 , and the		, todeath accurred on the date and	
	228. SIGNATURE	Gladue, M	DEGR 22e	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGN
230	BURIAL, CREMATION, REMOVAL			ery or crematory 1 Cemetery	Anne Arunde	
24		6/21/86		25a DA1	Anne Arunde E REC'D. BY REGISTRAR 255. RE 20 1986	

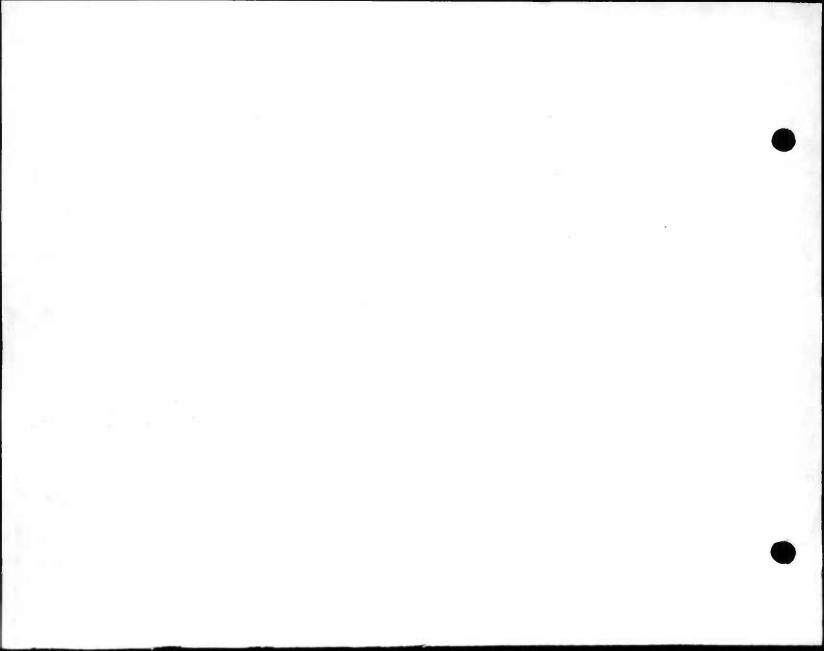
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

1-(ng) - 9 Supplied the I will be the supplied to the

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CERTIFICATE #86-16392



ottending physicion and campletely filled in by the funeral director, page

1. DECEASED NAME FIRST (TYPE OR PRINT)  3. SEX  70. BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  71. DOMMA  10. CITY OR TOWN OF DEATH	1 RACE S DATE OF MONTH	Brown  BIRTH  6.7	DATE OF DEATH MONTH DAY	HEAR 26 HOUR PM
TO BIRTHPLACE (STATE OFFOREIGN COUNTRY)  A LABOAM A	BLACK 5			00 0:20 M
ALABAMA	76 CITIZEN OF WHAT COUNTRY? 8	27 05		UNDER 1 YEAR IF UNDER 24 HRS
	MARRIED WIDOWE	D NEVER MARRIED D DIVORCED	Baltimore	City MD.  126 KIND OF BUSINESS OR
USUAL RESIDENCE IF NURSING HOME 130. STATE 1 113b. COL	(IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)  OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  UNTY  13. CITY OR TOWN	13d INSIDE CITY LIMITS? 13e	PEQE WORK FOR MOST OF WORKING LIFE)  HO WS E WIFE  STREET ADDRESS / ZIP CODE	2/207
14. FATHER'S NAME	Battimore LAST	YES X NO 1	3127 Milton	d Ave
160 WAS DECEASED EVER IN U.S. A (YES, NO OR DINKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL SECURITY NO.  416-14-7648	NA 17 INFORMANT  Clusting Fo	rd 3/27 Milfo	od Avenue
IS CAUSE OF DEATH Enter of	only one couse per line for (o), (b), and (c), SED BY, IATE CAUSE (o) SUEVERS TBLE CARD	TOSENIC SHOCK	4 4707 117710	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF  (b) ADD ON Y OF  DUE TO, OR AS A CONSEQUENCE OF		KESTIVETYPE. S SYNDROME	
Moderation of the prior to be seen prior	T CONDITIONS CONTRIBUTING TO DEATH BUT FATTEMORUTIBLE 188 CONDITION FOR WHICH OPERATION	MASS WOUND K	L DISEASE OR CONDITION GIVEN  THE RUSTURE OF  THE RUSTURE OF  THE RESEARCH OF THE PLANT OF THE P	FALSE ANGLE VS VERE FINDINGS USED NG CAUSES OF DEATH?
AMD CALLER STORM CONTRACTOR OF THE STORM CONTRACTOR OF	The state of the s	THE HOW INJURY OCCURRED  THE LOCATION OFFEET	(sector wature of major to item in Fail)	COUNTS STATE
220.   certify that (1) (this has	not) view its body after depth.	DEGREE	to 344. 19. h occurred on the date and hour or	, that (II (we) lost and from the causes stated
MADORIAN IN THE STORE DOB'S AND	SAMUECS	PHYSICIAN PA	STAFF IRECTOR   PHYSICIAN    RK HEFGHTS A)	CORLIBE.

King Memorial Park

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIRECTOR: After this certificate has been signed by the uG PHYSICIAN: The attending physicion.

TO HOSPITAL OR ATTENDIN

BP.

March™Funeral Home West 4300 Wabash AVenue

6/30/86

230 BURIAL, CREMATION, REMOVAL

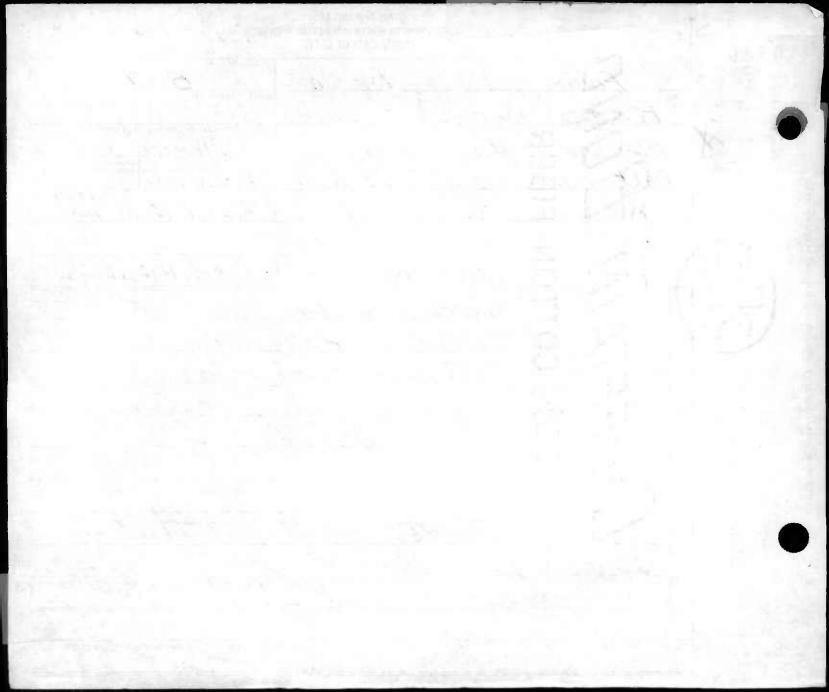
24 FUNERAL DIRECTOR

Burial

ark Randallstown
1250. Date rec'd. By registrar 256. registrar 5 signature
1000.

MD

23d LOCATION CITY OR TOWN



# PRESTON ST. BALTIMORE MARYLAND 21 DIVISION OF VITAL RECORDS.

FOR STATE

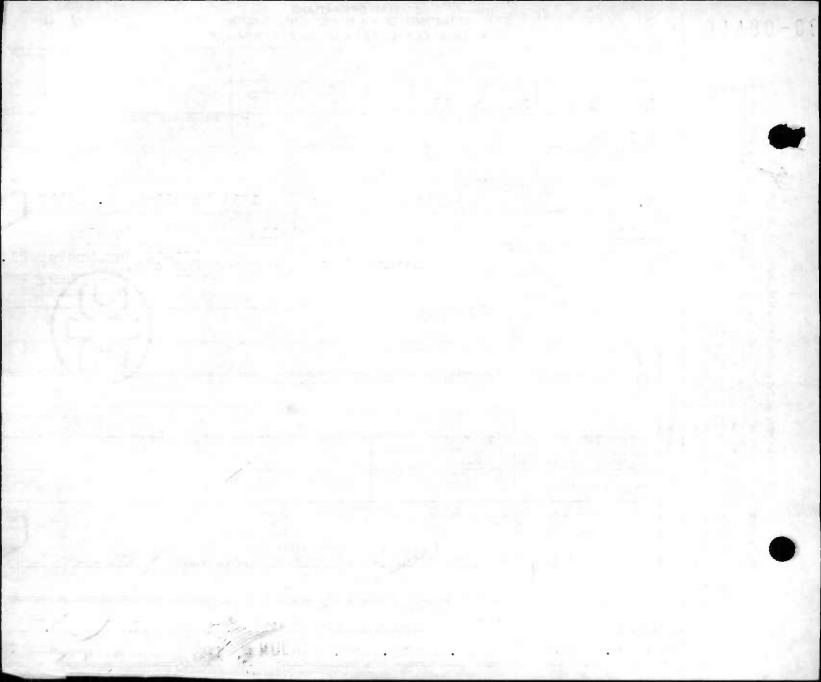
## DEPAR

STATE OF MARYLAND					-	(.)	-
TMENT OF HEALTH AND MENTAL HYGIENE	0		-	0	2	1	Clin
CERTIFICATE OF DEATH		DEC NO					

-11		REGISTRAR					REG. N	O.		
		CEASED NAME F	IRST	MIDDLE		AST	2a. DATE OF DEATH	MONTH [	DAY YEAR	26 HOUR
			THERINE	MARIE	BF	ROWN	JUI	IE 11	,1986	9:21P M
	1 SEX	X	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	F	emale	Whi	te	Sept	ember 6,1952	33	YRS.	WOMAN DATS	MIN.
		IRTHPLACE (STATE OR FORE	IGN 76 CITIZEN O	F WHAT COUNTRY?	8 MAPPIE	D XNEVER MARRIED	9. BALTIMORE CITY O	_		
£,	Me	aryland		1.S.A.	WIDOW	DI DIVORCED	BALTIMOR	E CIT	Y	MD.
1.0	2	TY OR TOWN OF DEATH  BALTIMORE	11. NAME OF	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A S HOPKINS	G HOME ( ADDRESS) HOSP I	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST HOUS EWILLE			ome ome
6		AL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION			1136 INSIDE CITY LIMITS?				
9		aryland		Baltimor	e	YES NO	3432 Jul	ieway		21 21 3
	14. FA	ATHER'S NAME FIRST Hugh	MIDDLE	McManu	8	15. MOTHER'S MAIDEN NAM		186	Amos	, ,
1		WAS DECEASED EVER IN	U.S. ARMED FORCES	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS		
	N		F YES, GIVE WAR ON DATES)	218-62-1	680	Herbert Brown	n Same	as #	13	
	CERTIFICATION	Conditions, if ony, w gove rise to immed cause (0), stating underlying cause	hich (b) iote the last (c)	OR AS A CONSEQUE  OR AS A CONSEQUE  LEMENT  CONTRIBUTING TO D  DITION FOR WHICH	NCE OF	or of all of the term in was performed	INAL DISEASE OR CON  200 AUTOPSY?  YES   NO	20b. IF YES	> / / / / / / / / / / / / / / / / / / /	NGS USED OF DEATH?
7	MEDICAL CER	210. ACCIDENT WAS UNDERLO OR CONTRIBUTING CAU LIFE EITHER NOTIFY MEDICAL 21d. INJURY OCCURRED WHILE NOT WHILE	SE OF DEATH HOUR EXAMINER)  21e. PLAC	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FA	19	211. HOW INJURY OCCURR 211. LOCATION STREET	RED (ENTER NATURE OF INJU		ART   OR PART 2}	STATE
		22a. I certify that (I) (the saw the deceased of	is hospital) ottended blive on (did not wow )he bac	ue 11 19		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	death occurred on the	FF 🗸	22c. DATE	signed 11/16 Etimore
		BURIAL, CREMATION, REA	6/16/	86 Du	laney	EMETERY OR CREMATORY / Valley Cemet	1 -			larylähd
	24 L	630 Edmonds	issell C. on Avenue,	Witzke Fun Catonsvill	eral e, MI	Homes P. A 250 DA	UN 1 1986	25b. REGIST	RAR'S SIGNAT	URE- FUEL

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT, IF HE havid be detach



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0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		CEASED NAME FIRST	F-	BROW		AST		30 19	YEAR   2b. 1	HOUR
may be	3. SEX	- /	4. RACE	·	5. DATE C		6 AGE (IN YEARS LAST BIRT			NDER 4 HRS.
Dog former		RTHPLACE (STATE ORFORFIGN	76. CITIZENO	WHAT COUNTRY?	-Sep		9. BALTIMORE CITY O	R COUNTY OF	DEATH	
	2	lirginia	U.	5.A.	WIDOWE	DI NEVER MARRIED DI	Balte	· C	71	MD.
(A)	10 CI	Balto	TANAME OF	HOSPITAL, NURSIN		ens Home	TYPE OF WORK FOR MOST O		INDUSTRY	SINESS OR
11/80		AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BFFORE		13d. INSIDE CITY LIMITS? YES AND	13e STREET ADDRESS	1 - 1	so Ra	1229
mpletel	14. FA	THER'S NAME	MIDDLE	last nma_s		15. MOTHER'S MAIDEN NAM	7	Ima	LAST	
n and cor Pages medical			MED FORCES? VE WAR OR DATES)	166. SOCIAL SECU		17. INFORMANT Beulah	staler 1	0096	Dicks	OW E
that the death certifically by the attending phyeose remove carbon pool, cremation, or rema or other traumatic even		PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, (b)	DR AS A CONSEQUE	NCE OF	mctata	ses			
squires signed Then pli ta buril njury, a	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	
The law reician.  te has been sit permit.  giene prior shaws any	TIFICATION	19a. DATE OF OPERATION	196 CONI	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		VERE FINDINGS IN VIG CAUSES OF DE	
SICIAN: ng phys certifica urial-trar kental Hy ltem 18	MEDICAL CERTI	21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM TO PART	I OR PART 2)	
ottendi ottendi trer this us the bi h and M	MED	21d. INJURY OCCURRED  WHILE NOT WHILF AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
TTENDII pital ar TOR: A far use a af Healt	77	22a.1 certify that (I) (this hasp saw the deceased alive ar above, (I) (we) (did) (did no	6 -	30 19	X4_, or	id that in (my) (our) opinion	, 18	. 19. ate and hour or		(I) (we) lost es stated
AL OR A the hos AL DIREC detached are Dept. IT: If Item	-	22b. SIGNATURE	1	elun		ATTENDING PHYSICIAN	MEDICAL STAF		7. /	NED ST
ould be d th the Sto		224 PHYSICIAN'S NAME WHI	OR PRINT)	bre man	u	27. ADDRESS 4/15 W	ilkin-	5 A	ye,	
0 % 5 % * * * * * * * * * * * * * * * * *	-			Torri	115 0.5 0		Terrocarion			

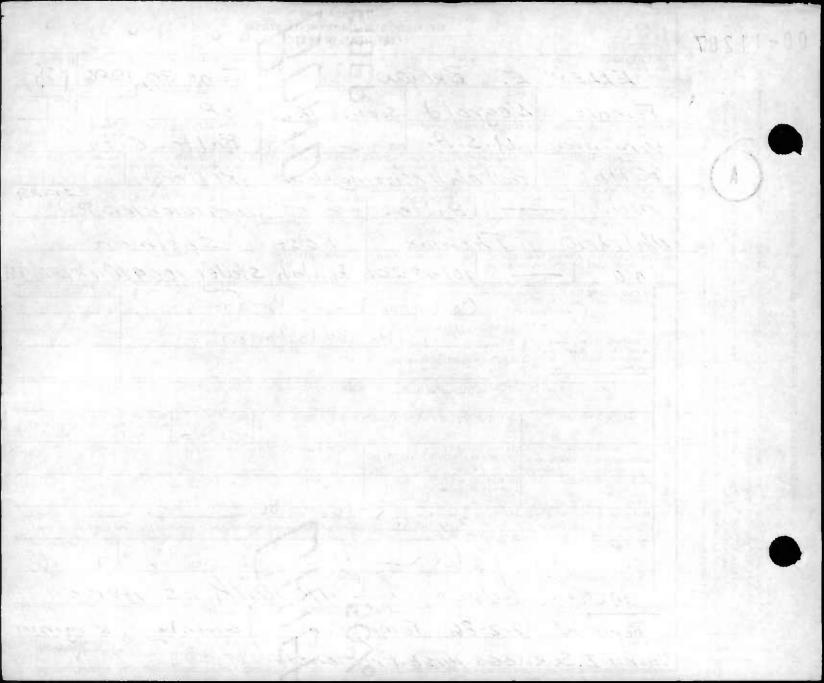
DHMH - 16 50M 4/83 (VRA 15, 4)

Removal 24 FUNERAL DIRECTOR CALVIN B. SCRUGGS 1412E, Preston Still 2-1986 June Sun

Family Cem

23c NAME OF CEMETERY OR CREMATORY

234 LOCATION Green bay



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	114	d
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 20 retained by the hospital or otherwise abovicion	
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		1.	FOR STATE		DEPARTMENT OF	E OF MAKTLAND TEALTH AND MENTAL HYG	IENE & 6	16	3 9	1
1069	6		REGISTRAR			FICATE OF DEATH	REG. N	- Annual Control		100
e 64	Ĭ		CEASED NAME FIR			TAST	20. DATE OF DEATH	MONTH DAY	0/- 75 10	P. J.A
poge 3	1	3 SE	Fris	4 RACE	Brown	OF BIRTH	6 AGE (IN YEARS LAST BIR	IND TO THE	867	, 4 M
ctor.		, OE,	Male	Black	MONT 16		64	and the same	DAYS HOUR	S. M.Ph.
direction of	27		RTHPLACE (STATE OR FOREIG		OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	ATH	
100	1		S.C.	USA	WIDOW	ED DIVORCED	Baltimore			MD.
M	9	0	Balto.	47 Kossut	h St.	or other institution	Tag USUAL OCCUPAT (TYPE OF WORK FOR MOST Disabl		USTRY	INESS OR
TILA	1	Jan S			or town	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 47 KOSSU	/ ZIP CODE th Street	2122	29
ed with	0		THER'S NAME Tartha	MIDDLE	°OWn	Alice	WE	F	Ramsey	1 9
n and a	1		(AS DECEASED EVER IN U ES NO ORUNKNOWN) (IF		-12-2057	Dorothy Bro	own 47 N.	Sossuth	St.	
th certificate ading physicic carbon paper, or removal.				eter only one cause per line for AUSED BY: EDIATE CAUSE (a)  DUE TO, OR AS A C	I b, and Ic	Toy are	est		APPROXIMATE IN ETWEENONSET A	ITERVAL IND DEATH
that the death certifical d by the attending physics remove carbon pap ol, cremation, ar remove	y, or		Conditions, if any, whi gove rise to immedia couse (a), stating t underlying cause la	he DUE TO OR AS A C	ON SEQUENCE OF	corrary de	Juliver	'sa	200	10
equires in signe Then pl r to burr injury, d		NOI	PART 2. OTHER SIGNIFIC	ant conditions <u>contribu</u>	YING TO DEATH BU	NOT RELATED TO THE TERM	MALDISEASE DIR CON	DITION GIVEN IN F	PART Iro	
an. has beer t permit. ene priar	9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C		ATH?
CIAN: The physicia sertificate Particote	3	-	21a. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX	OF DEATH HOUR A.M. MC	Y DNTH DAY YEAR 19	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR	PART 2)	
G PHYSI of the buri ond Mei		MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJUI	RY	211 LOCATION STREET	CITY OR TO	)WN COI	VINIY	STATE
TENDING of a control of the control			22a ( certify that (it this	ve on 10/2		d that in (my) apinion	death accurred an the d	ate and hour and fo	, that (I	twerlast stated
The hasp the hasp at DIRECT stacked f ore Dept. o	Ę		22b. SIGNATU	aid not, view the body after the	2	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF _	6/26	186
ro Hospital. etained by th TO FUNERAL should be deta with the State			22d PHYSICAS STATE	WP. Wein	elluz	mw. a	Romigho	ug B	cet, He	12/2/
BP		23a E	urial, cremation, rem Burial	5/30/86		emetery or crematory on Forest Vet	Owings	Mimm		MD's
DHMH - 16 60M 7/1 (VRA 15, 4)		24 FL	MA C March	F/H West 43	ADDRESS 800 Wabash	1111	REC'D. BY REGISTRAN	256. REGISTRAR'S S	SIGNATURE	

•	her death Page 4 may be	within 72 hours offer death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TENDING PHYSKIAN. The low requires that the death certilizate be executed within 24 hours death. Page 4 may be safed in a strending physician.	TOB. After the certificate has been signed by the attending physician and Lompiteds filled in 15 the funeral director, page 3 to use as the busidificant permit. Then please remarks carbon-pager 1 and 2 should be filled within 72 hours offer death of Health and Merical Missions price to buring, cremation, or remarks.

522		FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG, NO.	6 3 9 8
		CEASED NAME FIRST	WIDDLE	t AST	20 DATE OF DEATH MONTH DA	20. 1100K
		HELEN	JEANETTE	BROWN	6 12	12-
	3 SEX		RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR IF UNDER 24 HRS
-		Female	White	7-4-1936	49 YRS.	
9		RTHPLACE (STATE OR FOREIGN 76 OUNTRY) G8.	U.SA.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF BALTIMORE CITY	OF DEATH MI
4			NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET UNION MEMORIAL)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Homemaker	126. KIND OF BUSINESS OR INDUSTRY
3	USUA	AL RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNT)	THER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 4416 Furley Ave.	21206
20	14 FA	THER'S NAME William C	Chislom	15 MOTHER'S MAIDEN NA	Math	LAST
7		AS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	ADDRESS	
		TO	213-32-5	441 Donald L. Br	rown, Sr., Same as	13e
	NA	Canditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse last.	DUE TO, OR AS A CONSEQUE  (b) TWMAN  DUE TO, OR AS A CONSEQUE  (c) ACCNO	ence of Sambo	Sew 2 n avery	N IN PART To
	8	RESERVED FOR				
9	THEATH	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO YES	
9	CAL CERTIFICATION	190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	IN CERTIFY	ING CAUSES OF DEATH?
9		11a ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 11d INJURY OCCURRED	71b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e PLACE OF INJURY	21c HOW INJURY OCCUR 19 211 LOCATION	YES NO YES	ING CAUSES OF DEATH?
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97	WEDICAL WEDICAL	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED  22a I certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not) 22b SIGNATURE  JOHN H. EPPLEF  URIAL, CREMATION, REMOVAL	71b. TIME OF INJURY HOUR A.M. MONTH DA P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F  1) attended the deceosed from view the body attendedth.	AY YEAR 19 211 LOCATION SIREET  ARM. ETC.) 211 LOCATION SIREET  ATTENDING PHYSICIAN 22e. ADDRESS	VES NO IN CERTIFY YES RED (ENTER NATURE OF INJURY IN ITEM 18 PAR CITY OR TOWN  death occurred an the date and hour of DIRECTOR PHYSICIAN    RIAL HOSPITAL  1736 LOCATION	COUNTY STATE  COUNTY STATE  9  , that (1) (we) los and from the couses stated  22c. DATE SIGNED
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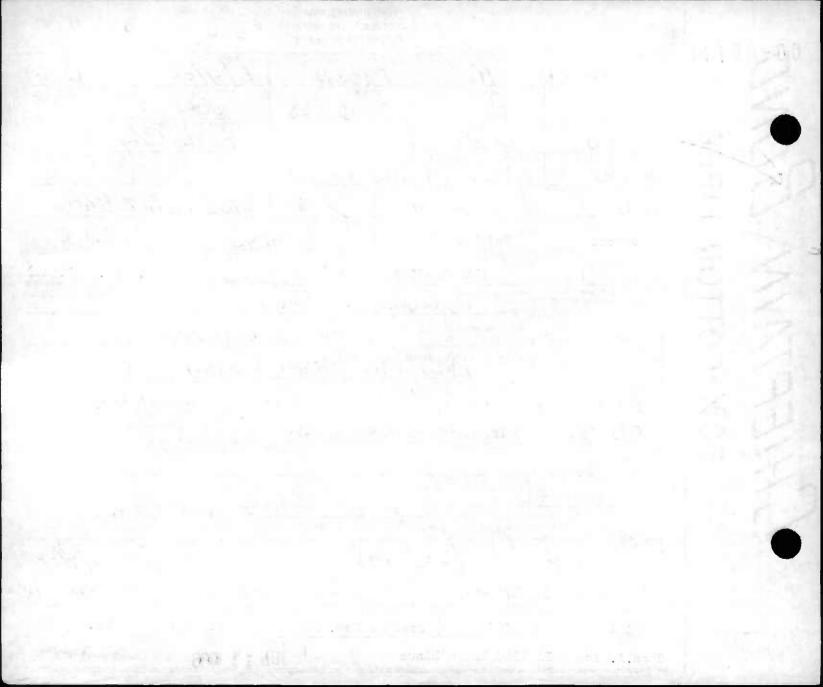
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Chas. A. Rice FSPA 1300 Eutaw Place

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



JUN 1 8 1986

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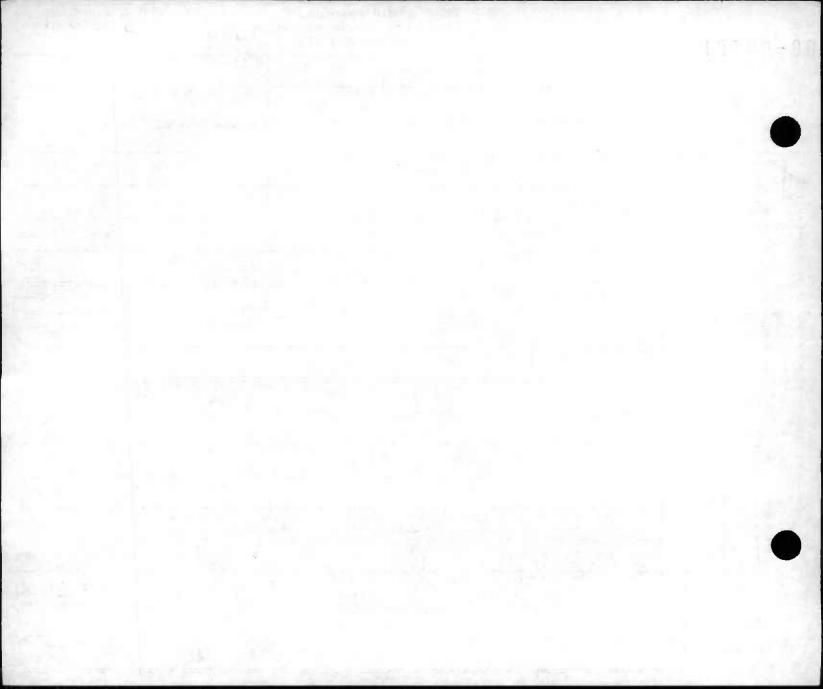
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 7a DATE OF DEATH Zb. HOUR DECEASED NAME MONTH DAY YEAR LIVES OF PRINTS 3 1986 Ulysses Brown 6 IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH 7 male DAY 1918 black 8 67 To BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED S Baltimore city WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Zo USUAL OCCUPATION CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY GEO F. TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore Francis Becker Lumber Co. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE Baltimore 2514 Francis Street 13b. COUNTY 13d INSIDE CITY LIMITS? Md YES XT 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLI MIDDLE LAST Willi'am Brown Ellen ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO 17 INFORMANT [YES. NO OR NHOWN] 218-09-7673 Ruth Jacks 2514 Francis Street 18. CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF athe underlying couse lost. 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTCHOT RELATED TO THE TEN MINE DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION Ob. IF YES, WERE FINDINGS USED 200 AUTOPSY 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED N CERTIFYING CAUSES OF DEATH? YES [ NO 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM or 71d IN JURY OCCURRED The PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM ETC 1 STREET AT WORK NOT WHILE 220 I certify that (I) (this haspital) attended the deceased from sow the deceased alive on above. (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the dute and hour and from the causes stated If Item DEGREE ATTENDING MEDICAL STAFF should be detor with the State E IMPORTANT: If DIRECTOR T PHYSICIAN T PHYSICIAN 22d PHYSICIAN'S NAME 77e ADDRESS 23c NAME OF CEMETERY OR CREMATORY BE LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE COONTH Burial 6/7/86 Mt Auburn Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue 254. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



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		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mc
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mpletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.						
		CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONT	TH DAY YEAR 26 HOUR		
	(117)	Verr	non Charle	S P	brown	6	24 86 10:40 A		
	3 SE		4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR IF UNDER 24 HRS		
		Male	White	MONT	10 1900	79	YRS. DAYS HOURS MIN.		
المرحق		IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHAT COU	NTRY? 8		9 BALTIMORE CITY OR CO			
once of		alto. Mary land	U.S.A	WIDOW	D NEVER MARRIED L		ity MD.		
lied (	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR		
E C	B	altimore ALRESIDENCE (IF NURSING HOME C	St. Acres 1	USDHOL	900 Caton Ave	Truck drive	Ralto City		
of se	13a S	STATE 13b. COU	INTY +3 CITYO	R TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2/225		
E	n	Jaryland -	Bat	timure	YES NO	1936 MeHenr	ry St. Ralto. MD.		
Skamine	14. FA	Charles		own	15. MOTHER'S MAIDEN N. Marie	AME	Unknown		
CO	16a V	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17. INFORMANT	ADDRESS			
med	. (	YES, NO ORUNKNOWN) (IF YES, G	IVE WAR OR DATES)	123877	Margaret Bro	wn, 1936 McHen	ry St., 21223		
or ather traumatic eve		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF	y Failu				
7, 0		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO			
2	ō	CA colm	Carcinoma	transoe	ne colon,	maltutht	1		
à du	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?		
MO	TIE	4/18/86	Adenocamo	ins to	resource colon	YES NO	YES NO NO		
18 m	ICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	'EM 18 PART I OR PART 2)		
ž o	MEDIC	21d INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	CITY OR TOWN	COUNTY STATE		
rked	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY		SINCE	4	37.12		
them 21 is marked		22a.1 certify that (1) (this has	n 6/24 oat) view the body after death		nd that in (my) (our) opinion	death accurred an the date as	nd hour and fram the couses stated		
IT. If hem		22b. AGNATURE	while mas		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SIGNED		
PORTA		PHYSICIAN'S NAME (TYPE	orprint) white y	np	900 S CA	50 Ave	BAT ma 2/22		
<	23a. l	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	1 236. DATE 6/27/86		emetery or crematory idge Mem. Pk	CITY OF TOWN	Howard Maryland		
7/84		UNERAL DIRECTOR			25a D.A	TE REC'D. BY REGISTRAR 256 F	REGISTRAR'S SIGNATURE		
// 04	Hu	ubbard Funeral	Home, Inc., $\hat{4}$	107 Wilke	ens Ave.	JUN 25 1986	writed - purplate		

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician handle detached for use as the burial-transit permit. Then please remove carban papers. Permit is state Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

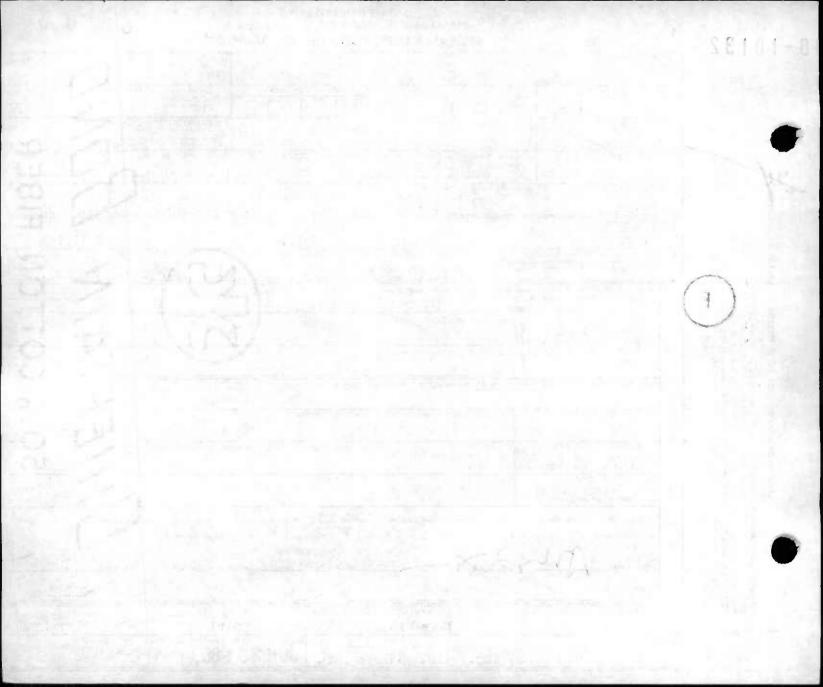
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF G. DEATH MATED WILLIAM BUBNIS 1986 4 RACE DATE OF BIRTH 6. AGE (IN YEARS 10:55 A IF UNDER 1 YR. 2c. DATE LAST BIRTHDAY) PRONOUNCED Feb. 22 Male 68 YRS White 1.8 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City Mary land DIVORCED D. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY 1342 Washington Blvd Baltimore Equipment Officer Md. State USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Baltimore 1342 Washington Blvd., 21230 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Vincent Bubnis Nellie Kalitius 16h SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES! 215-10-9899 Edward A. Bubnis, 2007 Edmondson Ave. No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cerebral hemorrhage IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate ANER: THIS CERTIFICATION THE WORD FEW PROJECT EXPENDED TO THE CHIEF MEDICAL EXCIPOR: PAGE 3 SHOULD BE USED AS A BURIAL INTERSTATE DEPARTMENT OF HEATTH AND MENT THE STATE DEPARTMENT OF BURIAL, CREMATION OF couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 o 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? Head Only 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21f LOCATION EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE WHILE AT WORK Head Only 220 I certify that I taak charge of the remains described above, held on and in my opinion Homicide .... death resulted from: Natural couses Accident Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-20-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 6/23/86 New Cathedral Cemetery Burial Baltimore Maryland 07/84 25M 24. FUNERAL DIRECTOR Gilia Davidson-Mandalle **DHMH - 17** Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

(VR A15 ME (5))



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H MONTH DAY YEAR 26 HOUR								
, 1986								
ST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.								
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
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190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO OR CONTRIBUTING CAUSE OF DEATH (# EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19  210. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM, ETC.)  211. LOCATION STREET CITY OR TOWN COUNTY STATE								
OR TOWN COUNTY STATE								
, that (I) (we) lost le date and hour and Irom the couses stated								
STAFF STAFF C TARE SIGNED								
Baltimore, Maryland								

231. NAME OF CEMETERY OR CREMATORY

Gardens of Faith

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc.

Burial

230 BURIAL, CREMATION, REMOVAL

236 DATE

June 4 1986

Baltimore, Maryland

23d LOCATION
CITY OR TOWN
Baltimore

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	1 -	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE &	REG. NO.		6 -	U
91		CEASED NAME FIRST		MIDDLE		157	2a DATE OF D	EATH MC	ONTH D	AY YEAR	26 HOUR
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V	3 SEX	FEMALE	4 RACE	ie .	S DATE OF	DAY F YEAR	6. AGE (IN YEAR	RS LAST BIRTHD		FUNDER I YEAR ONTHS. DAYS	F UNDER 24 H
5	7a. BIF	RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE	E CITY OR		OF DEATH	
10	No	rth Carolina	U.S.	Α.	WIDOWEL			imore	City		
15		TY OR TOWN OF DEATH	(IF NOT IN S	DE HOSPITAL, NURSIN SUCH FACILITY, GIVE STREET Samarita	ADDRESS)	ROTHER INSTITUTION	120 USUAL OC	CCUPATION	VORKING LIFE		OF BUSINESS
3	13a S <b>Ma</b>	ALRESIDENCE (IF NURSING HOM TATE 136 CC Tryland	E OR OTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	5512 H		IP CODE		214
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Leonard J. Ruck, Inc. Baltimore, Maryland

June 12,1986 Westview Mem. Park

Baltimore, Maryland

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FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

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CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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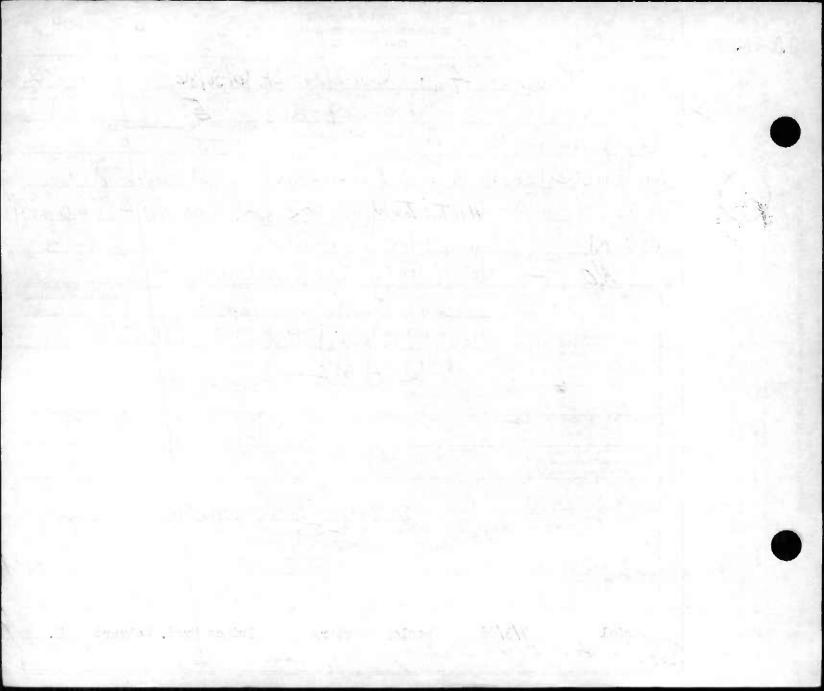
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) 0		REGISTRAR		CERTIFICATE OF DEATH	REG, NO.	
		CEASED NAME FREN	WAS A	Buckler S	6/30/86	ESON
5	3. SE	Mare	4 RAČE	S. DATE OF BIRTH	65. YRS	PLOVERE LYEAR A SHIDER 24 HES ONTHS DAYS HOURS MIN.
9	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1. BALTIMORE CITY DE COUNTY	MD
3	1000	BUT UN OF DEATH	11. NAME OF HOSPITAL, NURSIN NOT INSUCH FACILITY, GIVE STREET	MARE (SNEVAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UPE	12b. KIND OF BUSINESS OR INDUSTRY
9	130	D D	NOTHER INSTITUTION GIVE RESIDENCE BEFOR NTY A 130, CITY OR JOW HUNTING	YOU W YES NOW .	116 STREET APPORESS / ZIP CODE	A thungings
40		ATHER'S NAME FIRST	MIDDLE BUCK	IS MOTHER'S MAIDEN NA	MIDDLE	JARS
2		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOY DE (IF YES, GI		046 Wedic	al chart	
		PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	Pedmonary	Arrest Luce, hypoallou	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES,	, WERE FINDINGS USED YING CAUSES OF DEATH?
9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDIC AL EXAMINE) 21d INJURY OCCURRED  WHILE NOT WHILE	HOUR A.M. MONTH D	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	
		270.1 certify that to (this hosp saw the deceased alive or obave. (I) (we) (did) (did po	of lyview the body after death.		death occurred on the date and hour	
1		THE SIGNATURE	h yso	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	- 6/3 of C
1		THE PHYSICIAN SHAME (14)	Gritlum	3001 S	South Hanou	er 84.
	23a. B	BURIAL, CREMATION, REMOVAL	. 23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION	

Wesley Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial



TIMORE, MARYLAND 21201	be secured in 24 hours are oddin rogs		to and ample of filled in by the luneral direct	rs. North Control to the filled - the 72 hours	ne medical examinarizable by conflict of coch
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OK ATTENDING PHYSICIAN. The low requires that the death certificate by Accuming 11th Age to Appendix and Agent Poor	retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicial and minimized filled in by the linearing dates	should be detached for use as the buriol-transit permit. Then please remove corbonpopers. The many hould be the described by the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, ar other troumotic event, the medital recent regular terrebited as con-

- 0 9 0 3 3	1-	FOR STATE REGISTRAR		DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE & S	1 6 4	0 /
ay be		CEASED NAME FIRST Margat	ret C.		Buedel	20 DATE OF DEATH MONTH	9 1986	5A.M.
e 4 may	3. SE	Female	White		5. DATE OF BIRTH  14 1.897	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 18-35		RTHPLACE (STATE OR FOREIGN OUNTRY) Md.	76 CITIZEN OF WHAT	COUNTRY?	8 MARRIED NEVER MARRIED NUDOWED NOVEL NO	Baltimore City or Col	JNTY OF DEATH	MD
1100		TY OR TOWN OF DEATH altimore	AME OF HOSPI		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORK Homemaker		BUSINESS OR
24 hourst k	U5U/ 11a. S	AL RESIDENCE (IF NURSING HOUTATE)  Md	NTY 13c C	SIDENCE BEFORE	N 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP (	code adowood R	206
No	14 FA	THER'S NAME FIRST  John	S Ped	lrick	15 MOTHER'S MAIDEN NAM	ME	Scott	
RESTRICT		VAS DECEASED EVER IN U.S. AR (ES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	OCIAL SECUI		ADDRESS	Still For	oct Pd
physicia napopers emovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane couse per line to	ar (0), (b), and				MATE INTERVAL
n	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  Can Ce Descention  To Date OF OPERATION	Stra, Sever	CONSEQUE BUTING TO D	NCE OF  EATH BUT NOT RELATED TO THE TERM  EATH BUT NOT RELATED TO THE TERM	200 AUTOPSY? 20b.	NOW B HADIN FYES, WERE FINDIN ERTIFYING CAUSES	GS USED
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ottending ter this cr is the burn h and Me	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF IN.	JURY CTORY, OFFICE FA	211 LOCATION	CITY OF TOWN	COUNTY	STATE
to k ATTENDINg the hospital or t DIRECTOR. A stocked for use a EDept. of Health is if them 21 is ma		270 I certify that (I) this hasp saw the decessed alive or abave, (I) (we) (did) (did no 27b. SIGNATURE	une	198	DEGREE  ATTENDING BUYSELIAL G	death occurred an the date one	d hour and from the c	
to HOSPITAL etained by th TO FUNERAL should be deter with the State		Jerome Koep			228 ADDRESS	dspring Lane		
Bb Or Share MA	23o. 8	URIAL, CREMATION, REMOVAL SPECIFY)  Burial	23b. DATE 6/11/198	2000	AME OF CEMETERY OR CREMATORY  Olv Redeemer Cemt.	Baltimore	COUNTY	Mď
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR  tchell-Wiedefe	ld Home 650		25a. DAT	N 1 0 1986	GISTRAR'S SIGNATU	

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STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

MERCHILSON CHAPEL

DHMH - 16 60M 7/B4 (VRA 15, 4) 230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

BURIAL

ROWN THOMPSON F. H. 1913 W. BALTO. ST.

06 - 14 - 86

256 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

NORTH CAROLINA

23d LOCATION

14 14 31 Ave 31

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Barranco F.H.

(VRA 15, 4)

STATE OF MARYLAND

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## nered director, page 3 m 72 hours ofter death executed within 24 hours ofter death. Page TO FUNERAL DIRECTOR. After this certificate has been signed by the should be detached for use as the burial-transit permit. Then please remains the State Dept. of Health and Mental Hygiene prior to burial, cremit IMPORTANT: If hem 21 is morked or hem 18 show, any injury, or other the TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or attending physicion.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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FOR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	STATE REGISTRAR		o El An	CERTIF	ICATE OF	DEATH	REG			3	1
		CEASED NAME FIRST CECE		MIDDLE	BU	RNESS		20 DATE OF DEATH	06 03	DAY YEAR	2b. HO	A
	3. SE)	EMALE	1 RACE CAUCAS	sion	5. DATE O		1907	6. AGE (IN YEARS LAST	BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDE	MIN.
2	N	RTHPLACE (STATE OR FOREIGN COUNTRY)  ARY (AND	U	WHAT COUNTRY	WIDOWE		VORCED _	BALTIMORE CITY		C1TY		MD.
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5	13e. S	AL RESIDENCE (IF NURSING HOME OF STATE 13 GOULD).		130. GITY OR TO	WN	13d INSIDE C	NO 🗌	130 STREET ADDRES			2122	28
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2			(MED FORCES? /E WAR OR DATES)	213-65-	- 303F	WILLIA	ny Buri	/	1 -	Sanc A		13
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA		line for 101, 161, o	Car	diar	an	hyth	mi	BETWEEN	NULL STANK	ID DEATH
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	1 161	R AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE	ner	hra	nbr	bolism	, sur	perter	1 2	24 le
	NOI	PART 2 OTHER SIGNIFICANT	Wer	ontributing to	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	ONDITION G	IVEN IN PART II	0	
1	CERTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDI TIFYING CAUSES YES [		ATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR			ED (ENTER NATURE OF I	NJURY IN ITEM 18	3 PART I OR PART 2)		
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	FARM, ETC )	21f LOCATI	ON	CITYO	RIOWN	COUNTY	_ a	STATE
		220 I certify that (I) (this hosp sew the deceased alive or above, 44 (we) (did) (did an	(0-	319_	86,01		(our) opinion (	, ta an the	date and he	aur and fram the	couses	
4		22b SIGNATURE  12 DA LA PHYSICIAN'S NAME (TYPE	2 gal	lage	r, N	DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF SICIAN _	220 DATE	3-81	6
		LAURENER	R. G	TULGE		STA	GNESI	UEO CTO	WILL	4ENS/Put	405	3460
	(	BURIAL, CREMATION, REMOVAL	23b. DATE		NAME OF C	EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	7	STATE
		UNERAL DIRECTOR THE ANATOM	y Bogn	ADDRESS	BACTI	neare, "	18 111	RECOLUMN	wa Day	Moon-Non	A SEC	

DHMH - 16 60M 7/B4

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BE EXECUTED WITHIN 24 HOURS AFTER

M.3. RETAIN PAGE D. S. SHOULD BE FILED ITAL RECORDS, 201

**DIVISION OF** 

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIV PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL "PRANSIT PREMIT. PAGE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

## STATE OF MARYLAND

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	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.												
		CEASED NAME	FIRST		WIDGIE			BURRELL,	1D T	20. DATE KNOWN	MONTH	DAY YEAR	26 HOUR
	(TYPI	E OR PRINT)	Willi	iam		(	Bur		)/\·	OF ESTI-	6-2	0 19 86	4
	3. SEX		4. RACE	5. DATE OF BIRTH	6.	AGE (IN YEARS	IF UN	DER 1 YR. IF UNDER		2c. DATE		DAY YEAR	2d HOUR
	М		В	MONTH DAY	28	57 YRS.	MONTH	S DAYS HOURS	MIN.	PRONOUNCED DEAD	6-20	0 1986	7:49 p. M
7	and a	RTHPLACE (SI	_	7b. CITIZEN OF WH		Y2 8			ED X	9 BALTIMORE CITY OF			I P.M
5		REIGN COUNTRY)		U.S.	λ		MARRI	ED NEVER MARRI		Poltimor	o Cita	,	
-	_	TY OR TOWN		11. NAME OF HOSE						Baltimor	OF WORK 12	KIND OF BU	SINESS
	1	D-3-4		I IF NOT IN SUCH FAC					FOR A	MOST OF WORKING LIFE)		OR INDUSTR	SA
_0	USUA	Baltim		OR OTHER INSTITUTION, GIV		Stree	er.		<u> </u>	employed			
5	13a S1	ARYLAND	) < I3b. COUN		13c. CITY O			YES NO	804	ARNOLDS CI	r. 21	.205	
2	14. FA	THER'S NAME		MIDDLE	LAS	т	100	15 MOTHER'S MAIDE	NAME	WIGGE		LAST	
4		WILLIA				RELL SI		ANNIE		MAE		MCWILL:	LAMS
		AS DECEASED	DEVER IN U.S. AR	MED FORCES?	16b. SOCIA	L SECURITY N	Ю.	17. INFORMANT	100	ADDRESS			
1		NO		February 1	UNK	•		CATHERINE	E WIL	LIAMS 804 A	RNOLD	S CT.	
		18. CAUSE O	F DEATH (Enter on	ly ane cause per line	far (a), (b), a	nd (c).)		a The High				APPROXIMATE BETWEEN ONSET	INTERVAL
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar Pneumonia													
	-	20.00		DUE TO, OR									4-1-
			ns, if any, which	(b)									
		couse (a)	stating the under-	DUE TO, OR	AS A CONSE	QUENCE OF		Dis Africa					
		lying cau	se last.	(c)									
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINAL	LOISEASE	OR CONDITION GIVEN IN PAI	RT 1 (o).				
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T	CERTIFICATION	19e DATE OF	OPERATION					AS PERFORMED?			, 45	20 AUTOPSY?	
	F											YES XX	NO 🗆
	E E		L CAUSE WAS	21b. TIME OF	INJURY MONTH D	AV YEAR	21c. HC	W INJURY OCCURRE	D LENTER N	NATURE OF INJURY IN ITEM 18 P	ART T OR PART ?	2}	
7	3	UNDERLYING CONTRIBUTION	NG CAUSE OF			19							
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		1000		se of the remains desc	ribed abave	held on	Autons	y XX, Inspection		Inquiry . and	in my apini	0.0	
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		deam resum	TOTAL MOTOR	or coses as	Accident	1/ 100	ye L.	TITLE (SPECIFY)	Oligere	ermined mailines			
		ACTUAL SIGNATURE	P	Du	cul	ex	6)	Chief	MEDI	ICAL EXAMINER	DATE SIGNED.	6-21-	-86
7		SIGNATORE_	/ ()			RE N	7	U. CILLUL	MEDI	ICAL EXAMINER	SIGNED.		
	1	EXAMINER'S (TYPE OR PRI	IOU (IV		alek, M			ADDRESS.		St., Balto	., Md	. 2120	01
			TION, REMOVAL 2					RCREMATORY		CATION OR TOWN	COUNTY	ST	ATE
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DHMH - 17 (VR A15 ME (5))

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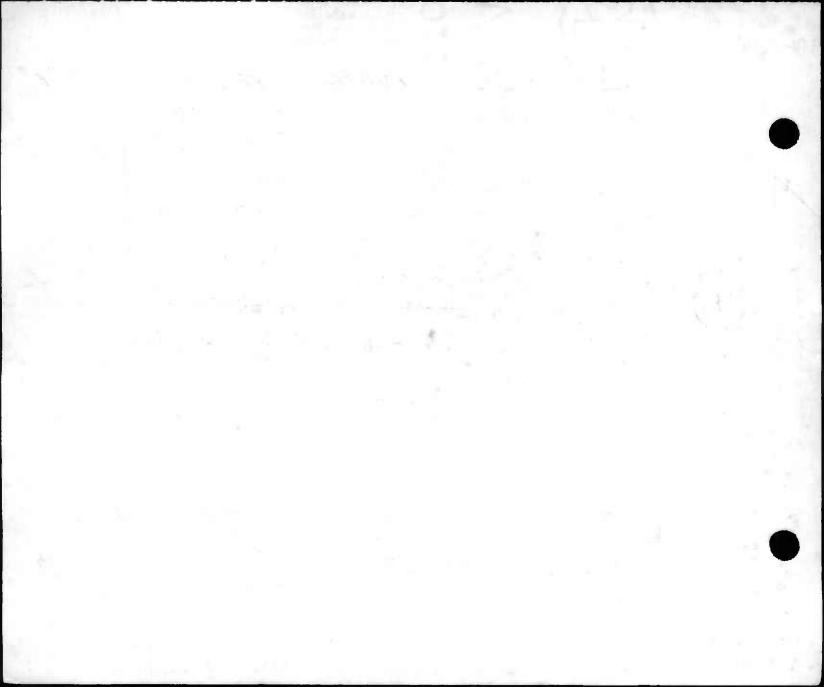
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME 2n DATE OF DEATH 2b HOUR TYPE OF PRINTS 8 CHARLES BUTLER deo 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 3 Male 14 06 80 Cau. 7a BIRTHPLACE Th CITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY BALTIMORE U.S.A. City Md. WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 12n USUAL OCCUPATION 17h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY UNION MEMORIAL HOSPITAL CITY BALTIMORE Truck Driver Retired USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Balto. 3915 Woodlea Ave. 21206 Md. YES X NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE FIRST Thomas D Butler Rilev Laura 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 216-01-2864 Genevieve M. Butler 3915 Woodlea Ave. 21206 no poper APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I/a 9 CERTIFICATION 0 196 CONDITIO FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 191 DATE OF OPERATION à IN CERTIFYING CAUSES OF DEATH? per NC NO F the buriol-transit and Mental Hygie 71a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL or Hen LIF EITHER NOTIFY MEDICAL EXAMINERS P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY 211 LOCATION CITY OF LOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) STREET borked o NOT WHILE AT WORK for use os of Heolth 220.1 certify that (1) (this hospital) ottended the deceased fram-saw the deceased alive on 6 30 19 86 and that in (my) (our) opinian death accurred on the date and hour and Iram the causes stated above, (1) (we) (did) (did not wew the body after death uld be detoched for the State Dept. DEGREE 226 SIGNATURE 22c. DATE SIGNED WI STAFF ATTENDING MEDICAL oven PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS CRAWFORD, UNION MEMORIAL HOSPITAL STEVEN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPECIFY) Balto. 7 - 3 - 86Gardens of Faith Balto. Md. Burial 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR from more Manage

John C. Miller Inc. 6415 Belair Rd. 21206

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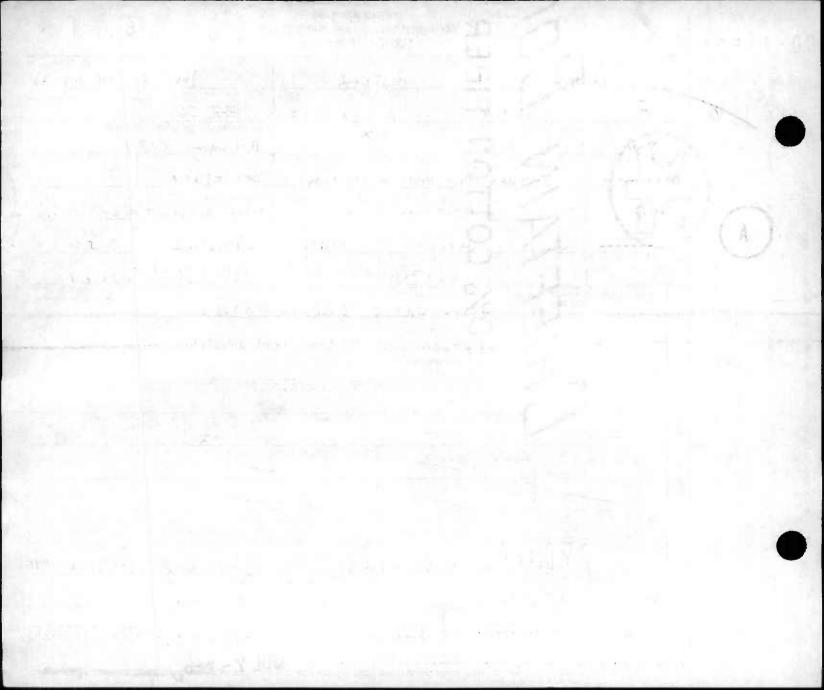
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MORE, MARYLAND	executed within 24	and completely lilled	radical examiner must	14. FA	AS DECEASED EVER IN U.S. AR	MIDDLE BUT LAS	SECURITY NO.	13d INSIDE CITY LIA YES NO 15. MOTHER'S MAIL FIRST 17 INFORMANT	D 6.0'	ADDRESS / ZIP CO	Les LAS	1203
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		Dr. P. C.	ATEL		BALTIMORE	M121211		
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(VRA 15, 4)	EI	WARD N. BRINSF	IELD, JR., LEON	ARDTOW	N, MD.	111 7 - 1006		and the same

STATE OF MARYLAND



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DHMH - 16 60M 7/84 (VRA 15, 4)			FUNERAL HOME, J LS PKWY. BALTIM	DRESS •	DATE REC'D. BY REGISTRAR 256, REGISTUN 10 1986	STRAR'S SIGNATURE

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10216	REGISTRAR			CERTIFICA	ALE OF DEATH	REG. N	0.		
	DECEASED NAME	FIRST	MIDDLE	LAST			MONTH DAY	YEAR	26 HOUR
a de de		DWARD	C.	BUTTE	RFIELD	JUNE 18			6:20 <sup>A</sup> <sub>M</sub>
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1 12 12 1	BIRTHPLACE (STATE OR FOI	REIGN 76 CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)

Burial

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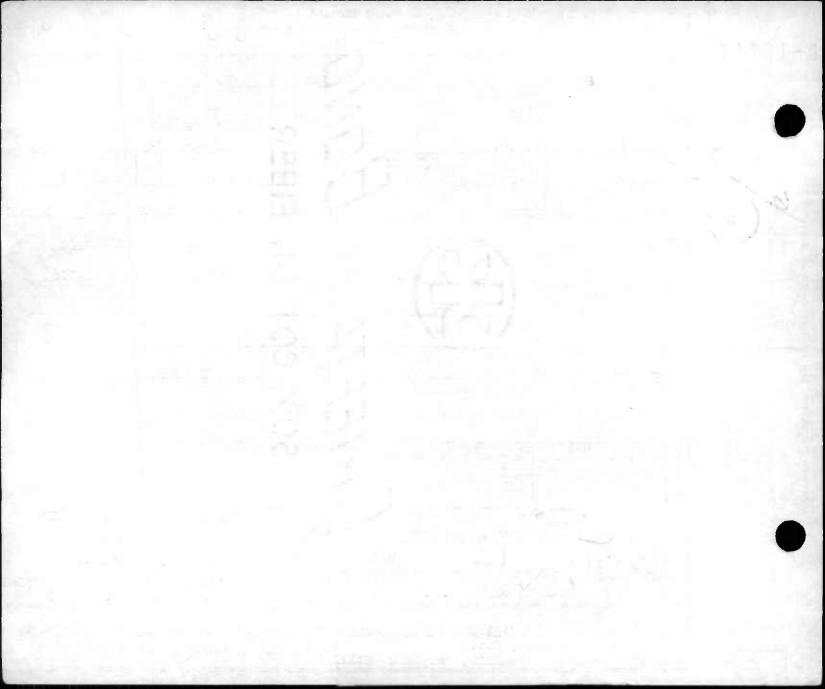
24 FUNERAL DIRECTOR Duda-Ruck, Inc. Dundalk, Maryland 21222 7922 Wise Avenue

Sacred Heart Of Jesus

6/21/1986

CITY OR TOWN COUNTY Dundalk Baltimore

Maryland DEVERGISTRAR 236. REGISTRAR'S SIGNATURE NO.



1-10966		FOR STATE STERS. REGISTRAR AL /20/	THOMAS DEPAR	RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE B B I S A I /
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PITAL DV T		/ / _ V	NGER   23b. DATE   23	THH  R NAME OF CEMETERY OR CREMATORY  REV. CEMETERY	23d LOCATION WOLFE 37

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		TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital as attending physician.
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uneral di hin 72 ha		COUNTRY	U.S.A.	WIDOWE		BALTIMORE CI	TY MD.
er d	]0. €	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
s of	BZ	ALTIMORE	THE JOHNS HOPK		OSPITAL	General Mgr.	Restaurant
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24 h	130.	MD 136. COUN	Baltimo	re	13d. INSIDE CITY LIMITS?	915 St. Paul	Št. 21202
short iner	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NAM		
ond w		Eugene	G. Cadieu	G. Cadieux		WIDDLE	Stewart
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fical physical pap pap pap ent,		PART I. DEATH WAS CAUSE	BY: 1 Mandalay	M Y	net		ENAMA LA LA LA
ng p bon r ren		IMMEDIAT	E CAUSE (o)		1(2)		111111111111111111111111111111111111111
endi e col		C Per of the	DUE TO, OR AS A CONSEQU	1	amost		de sinice
e de att		Canditians, if any, which gave rise to immediate	(b) 190110	inna	Willer		1 VVIIVA
y th y th cren cren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	ENCE OF			DNOME
ed be			( (c) SINSIC	>	May be well as a surface		900075
sign hen a bu	z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT KELATED TO THE TERM	INAL DISEASE OR CONDITION (	NVEN IN PART ITO
v reen nit. T nigr t	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED
nos branches bern we be we have	FE						TIFYING CAUSES OF DEATH? YES NO NO
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phy phy phy noith		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D			( Enter those of the same	
YStC ding s cer s cer surio	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
the the	ME	WHILE TO NOT WHILE TO	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
Afte os		AT WORK AT WORK	ral) attended the deceased fram	May	18 1046	Simo I	-54
FEND OR: OR: THE				E/A	nd that in (my) (our) ppinian o	death accurred an the date and h	aur and from the causes stated
haspi iRECT ined for ept. of them 2	4	saw the de in alive an obave, (I) (1) and (I)	view the body after death.	v	DEGREE		22c. DATE SIGNED
Dep Dig		IN SIGNATOR	will butile	100	MAA ATTENDING	MEDICAL STAFF	11. DATE SIGNED
by the by		22d. PHYSICIAN'S NAME (LYPE OF	M I SWAN	NV	PHYSICIAN _	DIRECTOR PHYSICIAN	100 11186
FUNE FUNE Mid bo		THE SCIAIN STRAME THE O	el Sukally		600 N	WOLFE ST. 2120	5 Lel Delle ma
etained by to FUNERAL should be delwith the State with the State MPORTANT:	_	1-1104 10	DIC DUMINAN		I JUMS F	WIMIS HO	THE DURON
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP					f Heaven Cem.	Silver Spri	
DHMH - 16 60M 7/84	24 F	NAME JOSEPH Gaw	I Ave NW Wash., Ler's Sons, Inc.	DC	25o. DATI	E REC'D. BY REGISTRAR 256 REG	STRAR'S SIGNATURE
(VRA 15, 4)		Court of the Court			1 .111	N 1 1 1000 4 4 46	- Dentegor-

Telegraph Carlos Carlos

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Home-4001 Benning Rd.

FOR

REGISTRAR

24 FUNERAL DIRECTO

[unera]

Stewart

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

17h KIND OF BUSINESS OR

Williams

IE UNDER 21 HRS

IF LINDER 1 YEAR

MONTHS DAYS

INDUSTRY

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

COUNTY

NO [

STATE

YES [

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Worker

R. MARY CAIN JUNE 24. 3. SEX 4 RACE S DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) MONTH White 1924 Female 62 **Macpera** BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. BALTIMORE CITY WIDOWED DIVORCED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) BALTIMORE THE JOHNS HOPKINS HOSPITAL seamstress/ret. Modern Man. USUAL RESIDENCE, HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13e STREET ADDRESS / ZIP CODE 13b COUNTY Baltimore 13d INSIDE CITY LIMITS? Maryland 232 S. Eaton Street 21224 YES X NO F 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIOOLE Luiqi Tagliaferri Sssunta 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 212-20-3979Mrs. Roxann Falkenstein 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Metautatic Mixed therecetical Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 5817-WC 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? NO ial-tronsit 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR entol OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 Ž 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION 5 CITY OF TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on Tune 24 obove, (I) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 40 detoched 22h SIGNATURE DEGREE = ATTENDING MEDICAL STAFF be deto e State l PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

70 BATE OF DEATH MONTH

1986

INDUSTRY

11:20PM

12h KIND OF BUSINESS OR

Fabian

21224

20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH?

COUNTY

22c. DATE SIGNED

3718 Hudson St.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

LAST

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death confined to executed TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove cortient appear in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ramoral IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the media etained by the haspital or attending physician.

FOR

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DEPARTME

STATE OF MARYLAND						
NT OF HEALTH AND MENTAL HYGIENES	6	-	6	44	2	
CERTIFICATE OF DEATH	REG.	NO.				

		REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIODLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR	7b HOUR
	(11PE	Robert		Ca	aldwell	6	4 1986	M
1	3. SE)		4 RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	- cità	male	black	5 DATE	2 13 1914	71 YRS	MONTHS DAYS	HOURS MIN,
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	ED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT		
	-	Md	USA	WIDOW	_	Baltimore city	У	MD.
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	178 USUAL OCCUPATION	126 KIND OF	Baltimore
	1		3717 Colborne	-	<u></u>	Retired	Gas & E	
ď.	USU A		OTHER INSTITUTION GIVE RESIDENCE BEFOR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD		
1		Md C	Baltimore		YES X NO	3717 Colborne	Road 21	229
	14 FA	ATHER'S NAME	MIDOLE LAST		15 MOTHER'S MAIDEN NA		LAST	
4	R	obert	Caldw	ell	Mary	E.	Kno	X
		VAS DECEASED EVER IN U.S. AF	MED FORCES?   166 SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDRESS		
		No	217-01-7	087	Ada Caldwell	3717 Colborne F	load	
		18 CAUSE OF DEATH (Enter of	nly ane cause per live for (a), (b), ar	dic.		1)	SETWEEN OF	NATE INTERVAL
	4	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	JOLA	1000MLPS	(aup)	100	
		Section From	DUE TO, OR AS A CONSEQU	ENCE OF	10	000		
		Canditions, if any, which	( (b)	enne	HA DA	me mals		
		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF	In live	011010		
-		underlying cause last	(c)					
	_	PART OTHER SIGNIFICANT	COMPUTIONS CONTRIBUTING TO	DEATH BU	MOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART TO	
	CERTIFICATION	(1) 60	) (S) Y	7>0				78.5
7	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED		ES, WERE FINDING IFYING CAUSES O	
	RTIF					YES NO Y	'ES 🗌	NO 🗌
2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	TIB. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
	MEDICAL	71d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE I	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	-	MHILE NOT WHILE	THE RESERVE OF THE PARTY OF THE	1	ha a	6/2	00	
		22a I certify that it this hasp	ital) attended the operased fram_	26	19.00	to		hat (1) (we) last
	-0.	abave, (1 we stid) (did no	t) view the body after death.		nd that in (my) (our) apinion (	death accurred an the date and ha	our and from the co	ouses stated
	-	The Signature	0.000	M	ATTENDING	MEDICAL STAFF	Th. DATE	0/ec
		mage	great	16	PHYSICIAN 2	DIRECTOR PHYSICIAN	10/	100
		22d PHYSICIAN'S NAME	70	7	22e ADDRESS	I E I	NDA	
		Umo (1)	Layoso, M	17.	15411010	rederic	15 Kd.	
		BURIAL, CREMATION FEMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUNTY	SIATE
		Buria	6/11/86 Ce	edar h	Hill Cemetery		COUNTY	b™
		INERAL DIRECTOR	ma Wast 430000018	ach /		E REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATU	a office

DHMH - 16 60M 7/84 (VRA 15, 4)



5	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	16422				
		CEASED NAME FIRST EL/	ZPBETH	CAMBELL	20 DATE OF DEATH MONT	8 86 1.51 M				
	3 SEX	F	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR  5 7 14	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.				
96		RTHPLACE (STATE OR FOREIGN OUNTRY) N. C.	USA	MARRIED   NEVER MARRIED	Baltimore city or co	City MD.				
46	7-	Batimore	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION BET ADDRESS) HOSE	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	KING LIFE) 126. KIND OF BUSINESS OR INDUSTRY				
35	136.5	mp -	OUNTY 13c CITY OR TO	13d. INSIDE CITY LIMITS	3003 Wa	code yne Aur 21265				
200		TOHO.	L. Camp	bell Salle	MIDDLE	Alexander				
/medica		VAS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL BE S. GIVE WAR OR DATES) 218-24-	~	SON 3003	Wayne Are				
event, the		PART I. DEATH WAS CA	er anly ane cause per line lar (a), (b), .USED BY: DIATE CAUSE (a)	CARDIAC	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
of, cremation, or rate traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEC	0.1.1	CARDIALINE	ACCION				
injury, o	NOI	PART 2 OTHER SIGNIFICAL	NI CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE T	+ SEM	N GIVEN IN PART TIO				
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?  YES  NO				
18 d	EDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.M. MONTH	DAY YEAR 19	CURRED (ENTER NATURE OF INJURY IN IT	EM TB PART ( OR PART 2)				
th and M	MEDI	WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	ZII LOCATION STREET	CITY OR TOWN	COUNTY STATE				
n 21 is me		22e I certify that (1) (this hospital) attended the deceased from								
Note Dep		7	bashew Wor	ta PH ATTENDIN PHYSICIA	G MEDICAL STAFF N DIRECTOR PHYSICIAN	6/8/86				
MPORTA		AMBACA	4EW WOR		ERAN HOSOIT	He BINTO MA				
-		urial, Cremation, Remov Secury) Burial	VAL 236. DATE 6/11/86	King Mem. Pk.	Randallst					
50M 7/84		INERAL DIRECTOR	H West 4300 Ma		DATE REC'D. BY REGISTRAR 256. F	LEGISTRAR'S SIGNATURE				



(VRA 15, 4)

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				STATE OF MARYLAND		
08777	1-	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 6 REG. NO.	6 4 2 4
: 31-16		Shin Shin	LOUIS	-amphell	20 DATE OF DEATH MONTH	3 26 PHPM
oge 4 ma rector, po	1.5E	(lale	RACE UIL-TE	5. DATE OF BIRTH  MONTH DAY YEAR  2 35	6 AGE (IN YEARS LAST BIRTHDAY) YRS	
the second	C	LUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 Daltimo	CITY MD.
1000	0-	Saltimore/	ON SUCH FACILITY GIVE STREET	+ 1 los of good	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	Nat Call Sect
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omplete)	1	THER'S NAME  AMO	s Campb	15 MOTHER'S MAIDEN N FIRST  MOCY	IRENE	Scotter
be execu	110-4	VAS DECEASED EVER IN U.S. ARME NO OR UNKNOWN) (15 YES GIVE W NON	D FORCES?	Angela F. Ca	ampbell 33° Lake Bel Air	Md. 21014
the death certificate the attenting physic renters corbon app prention, or removal her froundits event, it		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), staling the underlying cause lost.	Y: C: 11	(e) Carchyop	ast ble Lund	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that en signed by Then please in the burist, or of injury, or of	NOU		(c)NDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION C	GIVEN IN PART Ita
The law on the base of the base of the base of the base of the base	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	INCER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO NO
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artendic artendic free tha os the bo th and M	MEDICAL	216. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F.	1 01	CITY OR TOWN	COUNTY STATE
ATTENDI sup-tal or sup-tal or d for use c of Heal m 21 a m		22a. I certify that the (this haspital saw the deceased alive an above, (I) (we) (did) (did not) v	June 3 19	,	n death occurred an the date and h	
train of the high the high the high the high the high the beginning the		224 DH'S CAN S NAME (1900 OF THE	I Del	DEGREE ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/3/86
TO HOSPITAL infaciled by II TO FUNERAL should be deal with the State	22	10453211	R. Delin	a 22 x	Gragne.	7
BP	230. B			Air Memorial Gds		ord Maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	Variation of	ward K. McComas	! III Abingdon, M		ATE REC'D BY REGISTRARIZS REG	

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MPORTANT

MEDICAL

FOR

REGISTRAR

female

TO BIRTHPLACE ISTATE OF FOREIGN

10. CITY OR TOWN OF DEATH

Baltimore

Lelia

4 RACE

DECEASED NAME

- STATE

LTYPE OR PRINT

3 SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO MIDDLE 20 DATE OF DEATH MONTH DAY YEAR 2b. HOUR June 24, 1986 6:07 P Cannon 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR black 12 1904 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED USA Baltimore City WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12g USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE Maryland General Hospital Retired SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21215 Apt 905 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 2503 Violet Avenue South Baltimore 15 MOTHER'S MAIDEN NAME Saunders Mattie 166 SOCIAL SECURITY NO. 17 INFORMANT 244-32-7416 Linda Hydrick 193 Parkway Blvd Wyadanch N. Y. Myocardial Infarction Atherosclerotic Coronary Artery Disease 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR

130 STATE 136 COUNTY Md 4. FATHER'S NAME MIDDLE William 60 WAS DECEASED EVER IN U.S. ARMED FORCES? ( YES, NO CHINKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH Enter only one cause per line for ia, (b), and ic. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)\_ DUF TO, OR AS A CONSEQUENCE OF Canditions, il any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. Hypertension PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Liq CERTIFICATION Acute Renal Failure, Hepatic Failure 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 7/1/86

220 1 certify that (X (this hospital) attended the deceased from\_

saw the deceased alive as June 24, above, (Kiwe) (did North N) view the body after death

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

WHILE NOT WHILE

23c NAME OF CEMETERY OR CREMATORY Md Nat Memorial Park

211 LOCATION

DEGREE

86

ATTENDING

23d LOCATION Laurel

Md

STATE

24. FUNERAL DIRECTOR

21e PLACE OF INJURY

June 24,

AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

June

86

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE wandon Handelle

CITY OR TOWN

June 24,

, and that in XX (our) apinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN PHYSICIAN

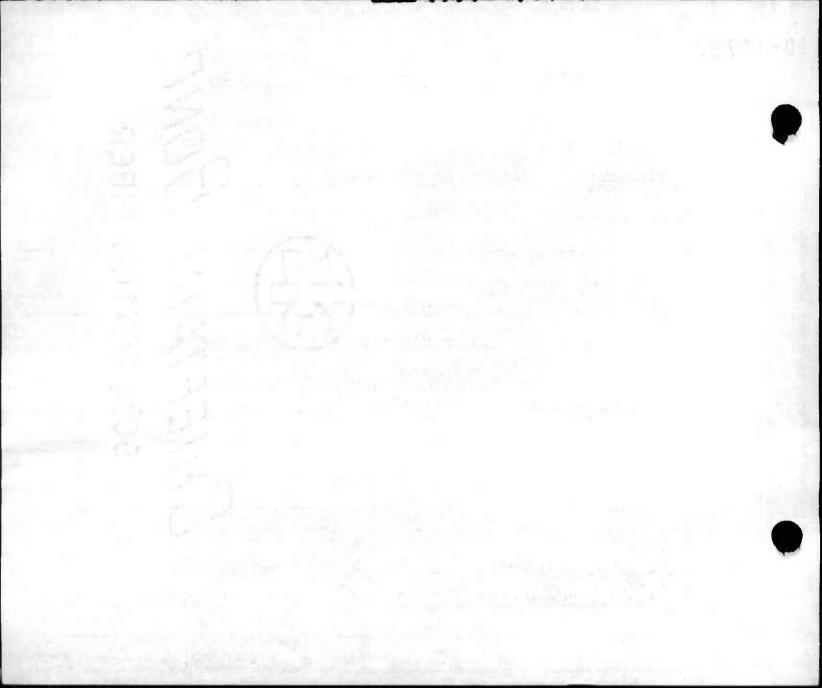
c/o Maryland General Hospital

COUNTY

COUNTY

March Funeral Home West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENES 6 1 6 4 2 6
HOOLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR A
CANNON	JUNE 26, 1986 4:49 M
5. DATE OF BIRTH  MONTH  3 - 31 - 30	6. AGE (IN YEARS LAST BRITHDAY)  1 FUNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
WHAT COUNTRY? 8.  MARRIED □ NEVER MARRIED ▼  WIDOWED □ DIVORCED □	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD
OSPITAL, NURSING HOME OR OTHER INSTITUTION FACILITY, GIVE STREET ADDRESS) HOPKINS HOSPITAL	120. USUAL OCCUPATION 11 TO F WORK FOR MOST OF WERKING LIFE) 12b. KIND OF BUSINESS OR 1NDUSTRY
SIVE RESIDENCE BEFORE ADMISSION)  13d. INSIDE CITY LIMITS?  YES NO	13. STREET ADDRESS 4ZIP CODE STREET
Wilson Mildred	Cannon Cannon
216-22-3885 Janette Fra	azier 812 E. Preston Street
Badyardia	BETWEEN ONSET AND DEATH
AS A CONSEQUENCE OF _	4 weeks
AS A CONSEQUENCE OF	

(TYPE OR PRINT) ROBERT 3 SEX 4. RACE BIRTHPLACE I STATE OR FOREIGN laware CITY OR TOWN OF DEATH NAME OF H (IF NOT IN SUCE BALTIMORE JOHNS USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. 13a. STATE 136 COUNTY 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR JUNENOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)\_\_\_\_ DUE TO, OR Conditions, if ony, which (b)\_\_\_ gove rise to immediate couse (o), stating DUE TO, OR underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO CERTIFICAT 19s. DA1E CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Lagea NOP YES | NO I 210. ACCIDENT WAS UNDERLYING THE TIME OF INDURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22s I certify that (I) (this haspital) attended the deceased from 6. and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive on body after death above, (1) (we) (did) (did not) view 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME 22e ADDRESS 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR - STATE REGISTRAR DECEASED NAME

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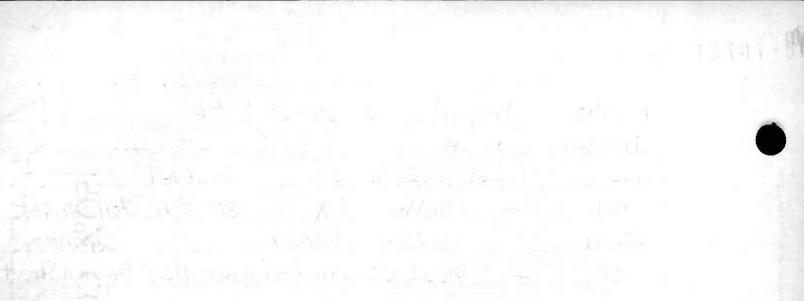
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23c NAME OF CEMETERY OR CREMATORY

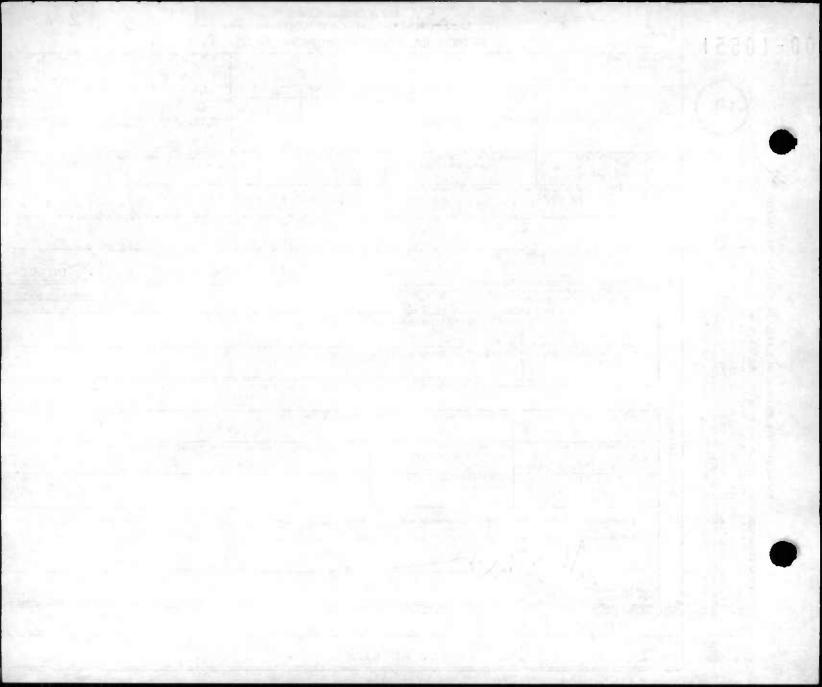
23d LOCATION

250 DATE REC'D. RAR 256. REGISTRAR'S SIGNATURE

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After this certificate FUNERAL DIRECTOR: BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/B4 (VRA 15, 4)

should be detached with the State Dept.

FOR STATE REGISTRAR				NT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENES	REG. NO.	6	4	28
1 DECEASED NAME (TYPE OR PRINT)	FIRST	٨	NIDDLE	L	AST	2a. DATE O	FDEATH MONTH	H DA	Y YEAR	26 HOUR
	MAS		J.	CARN	ELT.		- THINE	10	1986	8:30 <sup>A</sup> <sub>M</sub>
3. SEX		4. RACE		5 DATE O	F BIRTH	6. AGE (IN	VEARS LAST BIRTHDAY)	- IF	UNDER I YEAR	IF UNDER 24 HRS
Male		White	9	O1	03 53	33	,	rs.	DAYS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	3		9 BALTIMO	RE CITY OR CO	UNTYC	F DEATH	
Maryland USA		SA .	MARRIED   NEVER MARRIED			BALTIMORE CITY MI			MD.	
BALTIMORE	J13	(IF NOT IN SUCI	FACILITY, GIVE STREET AD  HOPKINS	HOSP	ROTHER INSTITUTION	TYPE OF WO	OCCUPATION RK FOR MOST OF WORK Inter	(ING LIFE)		OF BUSINESS OR
USUAL RESIDENCE (# NURS 130 STATE Maryland	13b COU		GIVE RESIDENCE BEFORE AL 131. CITY OR TOWN Baltimor	1	13d. INSIDE CITY LIMITS" YES NO 🗌		ADDRESS / ZIP Huntingt		Ave.	21211
14 FATHER'S NAME FIRST  Ivan		E. (	Carnell, S	Sr.	15. MOTHER'S MAIDEN Elva	NAME	MIDDLE I.			lliams
160 WAS DECEASED EVER (YES, NO OR UNKNOWN) NO		RMED FORCES?	166 SOCIAL SECURI 213-62-45		Charles E.	Williar	Lakevi Lakevi ns Lot 13	lew 31 F	Traile inksb	er Park urg 21084
18 CAUSE OF DEAT PART I. DEATH W	AS CAUS		line for (a), (b), and (	IC1.1					BETWEEN	ONSET AND DEATH
Conditions, if any		DUE TO, OF	MATAST A	ICE OF	DLON CARC	Nont			18	months.
gove rise to immore cause (a), stating underlying cause	ig the	DUE TO, OF	AS A CONSEQUEN	ICE OF						

IMMEDIATE	CAUSE (o)			
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	DLON CARC	Nont	18 months
gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
PART 2 OTHER SIGNIFICANT CO	nditions <u>contributing to death</u> but	NOT RELATED TO THE TER		
19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	N WAS PERFORMED	YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I ORPART 2)
21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		

6/10 8 86 86 220.1 certify that (1) (this haspital) attended the deceased from. 86 and that in (my) (our) opinion death accurred on the date and hour and fram the causes stated

saw the deceased glive on abave (1) (we) (did) (did not) view the body ofter death. DEGREE 22c. DATE SIGNED MEDICAL STAFF
DIRECTOR PHYSICIAN 186 ATTENDING PHYSICIAN

22e. ADDRESS D. VOSS MO

> BALTMERE MD FSKMC

JOHN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY

Burial Lakeview Memorial Pk. 6/13/86 24. FUNERAL DIRECTOR

Sykesville Maryland 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S, SJGNATON

A. Alan Seitz, Jr. 3615-19 Chestnut Ave. 2121

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	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21261.	Ð	O HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be CO	trained by the haspital ar attending physician.	O FUNERAL DIRECTOR: After this certificate has been signed by "the mental" physician and completely filled in by the funeral director, page 3 cm have detected for use as the hundring permit. Then please and the detected for use as the hundring permit. Then please are not because and 2 should be filed within 72 hours after death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, acremieval.	wPORTANT: If Nem 21 is marked at them 18 shows any injury, or other traumatite event, the medical examiner must be notified at office.

09562	1 -	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	to, in I
		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR P
may be page 3 ter death		EDITH		CARPENTER	June 13, 1986	Q M
ar. po	3. SE	(	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	MOM	UNDER 1 YEAR IF UNDER 24 HRS OTHS DAYS HOURS MIN.
recto		Female	White	Jan. 27, 1896	90 <sub>YRS.</sub>	
deoth Ponerol di	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Alabama		76. CITIZEN OF WHAT COUNTRY?  USA	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	Baltimore City or county of Baltimore Ci	ty MD.
s offer by the fulled with		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, 830 W. 40th S	ADDRESS) Street	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker.	176. KIND OF BUSINESS OR INDUSTRY  Own Home
24 hour filled in auld be filled in must be	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13¢ CITY OR TOW Balto.		13e.STREET ADDRESS / ZIP CODE 830 W. 40th St.	, 21211
tely 2 sh	14. FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	
and and example			G. Rushtor	Marth		Rushing
ind co		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		ADDRESS	
S. Page		No	218 48 3	3020 John I. He	ise, Jr., Silver	
Feron prysici		PART I. DEATH WAS CAUSED	ly one cause per line for (a), (b), one DBY: E CAUSE (o)	Proces	monia	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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by the down		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	INCE OF ASC	V D	
signed Then ple ta burio njury, ar	N O	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN	IN PART 110
on. has been permit. ene prior	CERTIFICATION	IN DATE OF OPERATION	3% CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY7 20e IF YES, W IN CERTIFYIN YES   NOSS YES	VERE FINDINGS USED NG CAUSES OF DEATH?
CIAN: T physici prificate ol-transi rial Hygi		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CONCONTRIBUTING CONCONTRIBUTING CAUSE OF DRA	THE HOUR A.M. MONTH DA	IN YEAR	RED (ENTER NATURE OF PHILIPS IN CEM 18, PART	CHENT I)
3 PHYSI ritending re this ce the buri and Mer ked ar lite	MEDICAL	714 INJURY OCCURRED	314 PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE F	211 LOCATION	CITY OF YOMM	COUNTY SIAM
TENDING Ital or of OR: After or use as f Health			bil) attended for deceased from	5 1/1 10 85	death occurred on the date and hour as	86 that it ( lost out of transfer the courses stated
by the hosp ERAL DIRECT e detached to State Dept. o		SIGNATURE  22d PHYSICIAN'S NAME (TYPE)	J. Stelle	DEGREE	MEDICAL STAFF DIRECTOR   PHYSICIAN	16/8L
ro Hospitz etained by TO FUNER should be d with the Sta IMPORTAN		Dr. Gregory	L. Walker, M	D 3300 N. C	Calvert St., Balto	o., MD
BP	(	BURIAL, CREMATION, REMOVAL SPECIFY)		NAME OF CEMETERY OR CREMATORY  Dulaney Valley	Balto. County	OUNTY STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FU	INERAL DIRECTOR Henry	y W. Jenkins.s.& Balte., MD	Sens Co. 25a. DA	TERMINE REGISTRAR 25 REGISTRA	R'S SIGNATURE

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218 49 8050 John T. Heise, Jr., Silver Spring, Mill

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Dr. Gragany L. Welsen, MD 880t N. Calvert St., Balta., N.J.

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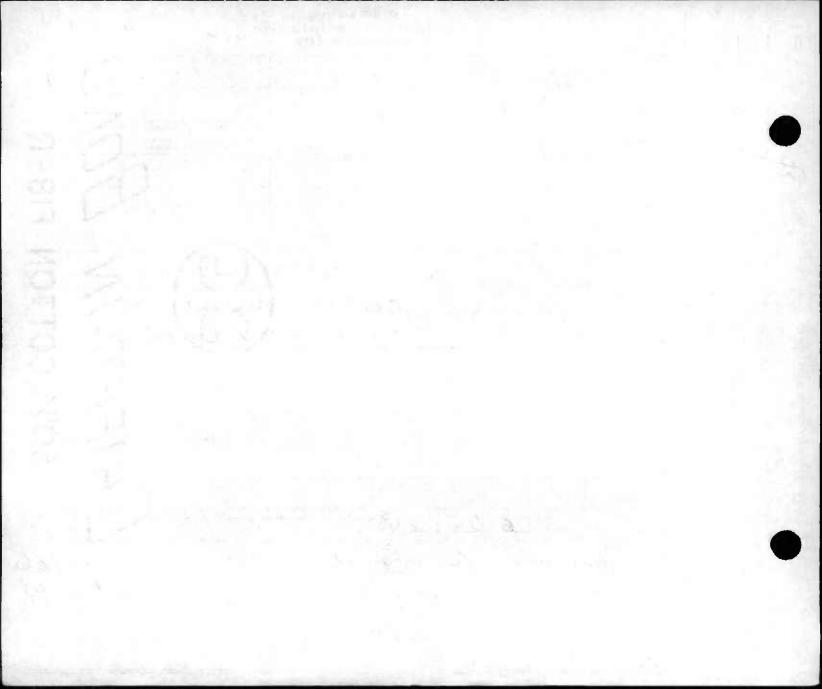
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

10178	1-	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL H RTIFICATE OF DEATH	YGIENE 3 6 REG. NO.	6 4 3 0
noy be poge 3			ME (JUSTI	NE)	CARR	20. DATE OF DEATH MONTH	20 80 5A, M
ge 4 mo	3 SE)	F	RACE 3		ATE OF BIRTH  MONTH  2  20  YEAR  24	6 AGE (IN YEARS LAST BIRTHDAY) 62 YRS.	IF UNDER 1 YEAR IF UNDER 24 MRS
rol dii	VI	RGINIA	U.S.A.	M WI	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE, CITY	at the contract of the contrac
by the filled	BALTIMORE		1. NAME OF HOSPI (IF NOT IN SUCH FACILI LUTHERAL)	TY, GIVE STREET ADDRE	OME OR OTHER INSTITUTION SS)	170 USUAL OCCUPATION (17PE OF WORK FOR MOST OF WORKING UNK.)	LIFE) 126 KIND OF BUSINESS OR INDUSTRY
24 hour	13a. S	RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT RYLAND	TY 13c. C	SIDENCE BEFORE ADMI ITY OR TOWN BALTIMORI	113d INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP CO.	AVE. 21229
11110	14 FA	JOHN A	IDDLE N	TLLER	MAUDE	NAME	POINDEXTER
	160 V	(IF YES, GIVE	MED FORCES? 16b S WAR OR DATES)	OCIAL SECURITY Unk.		ADDRESS INDEXTER 1932 Lav	uretta Ave.
physicia physicia phopers emaval.		18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line to BY. CAUSE (o)	r (01, (b1, and 1c1	CEREBRO	VASCULAR ACCIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
es that the death cer ned by the attending please remove carbo urial, cremation, or re v, or other traumatic		Conditions, if ony, which gave rise to immediate couse iol, stating the underlying cause last	DUE TO, OR AS A  (b)  DUE TO, OR AS A	CONSEQUENCE	OF	REBRIK INFAN	
n. nas been signe permit Then pl	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO			H BUT NOT RELATED TO THE TEI	IN CERT	ES, WERE FINDINGS USED  TIFYING CAUSES OF DEATH?  YES
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attending attending of the burner of the bur	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJ		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
hospital or RECTOR: At hed for use of ept. of Healt tem 21 is mo		22a L certify that (I) (this haspite sow the deceased alive on above, (I) (we) (did) (did not) 22b. SIGNATURE)	6/2	0 19 8	ond that in (my) (our) apinic	on death occurred on the date and he	19 that (I) (we) last our and from the couses stated
or Hospital or Hospital or Front of Front or Front or Hospital or		(Inbac) 224. PHYSICIAN'S NAME (17PE OR AMP ACH	Rew d	Vore	a MD ATTENDING PHYSICIAN  12e ADDRESS  A CHIHERA	MEDICAL STAFF DIRECTOR PHYSICIAN	6/20/86 BALTO 40
BP	1	URIAL, CREMATION, REMOVAL SPECIFY)  RIAL	23b. DATE 6-23-86	_	OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR WM.C.MARCH F/H INC. 1101 E.NORTH AVENUE



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noy be	(TYP	CEASED NAME FIRS	a C	arric		Carrigan	20. DATE OF D	6-8	-86 =	2 a
Page 4 mo	3 SE	IRTHPLACE (STATE OR FOREIG	4 RACE	N hite			75	YRS E CITY OR COUN	MONTHS DAYS HOU	NDER 24 HRS
		Kentucky ITY OR TOWN OF DEATH	USA	F HOSPITAL, N	MARRIE WIDOW	OR OTHER INSTITUTION	Balt 120 USUAL OF	imore Cit	126 KIND OF BUS	A SINESS C
in by the	USU	Baltimore AL RESIDENCE (IF NURSING HO				edical Center	House	OR MOST OF WORKING WIIE	INDUSTRY Home	Ē.
nin 24 ha	130	STATE 136	ltimore	White	Marsh	13d. INSIDE CITY LIMITS? YES NO SAME 15 MOTHER'S MAIDEN NA		Philader	phia Road 2	1162
amplete	1	William	WIDDLE	Bryan		Dora		WIDDLE	Akridge	
be execution on the second of	160/	VAS DECEASED EVER IN U.: YES NO OR UNKNOWN) (IF Y	S. ARMED FORCES ES GIVE WAR OR DATES)		SECURITY NO. 3 7832	Timothy L.	Myers	(Son)	Same	1
hat the death certific by the attending phy ose remove carbonor I, cremotion, ar remo other troumotic even		Conditions, if ony, which couse tol, stating the underlying couse los	DUE TO,	RAS A CON	SEQUENCE OF	pyema				Ü
The low requires the low requires to the low been signed it permit. Then please prior to burious any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICAL DATE OF OPERATION	s, pre	vious	Strok	NOT RELATED TO THE TERM  R H WASTERFORMED	200 OUTOP	SY? 20b. IF Y	ES. WERE FOODINGS L IFYING CAUSES OF D	JSED DEATH?
DING PHYSICIAN: T or attending physici After this certificate se os the buriol-transicith and Mental Hygim marked or bear 18sh	MEDICAL CE	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF CHIEFER NOTIFY MEDICAL EXA 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK 220 Leastify that (1) This	OF DEATH MINER)  21e PLAC (AT HOME	P.M. E OF INJURY STREET, FACTORY, C	PFICE FARM, ETC.)	21t. HOW INJURY OCCUR 21t. LOCATION STREET		PE OF INJURY IN ITEM 18	COUNTY	STATE
HOSPIT ATTEN		220.1 certify that (I) this sow the deceased of above (I) we I did (I) 22b. SIGNATURE	id no) view the book  TYPE OR PRINT)  Denn	dy after death.	13.1	DEGREE ATTENDING PHYSICIAN [ 220 ADDRESS 5200 EC	MEDICAL DIRECTOR	STAFF PHYSICIAN	221. DATE/SIGN	
Bb Show	23a. I	BURIAL, CREMATION, REMO				EMETERY OR CREMATORY Mount Cemeter	236 LOCAT	ON	Maryland	STATE

STATE OF MARYLAND

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- STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT) MARGUERITE JUNE 14, 1986 CARROLL 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH DAY YEAR FEMALE BLACK 12 13 1916 O. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED MARYLAND BALTIMORE CITY WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) **TEACHER** THE JOHNS HOPKINS HOSPITAL BALTIMORE 130-STREET ADDRESS / ZIP CODE 3607 Sequoia Ave. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a STATE 13b COUNTY 13c CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Baltimore Maryland Baltimore, Maryland 21215 YES XT NO 15 MOTHER'S MAIDEN NAME 4. FATHER'S NAME Joseph Saunders Marquerite 3607 Sequoia Avenue & WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR IYES, NO OR UNKNOWN 096-14-7868 Baltimore, Maryland 2121 No. George H. Carroll 18. CAUSE OF DEATH (Enter only one cause per line for to), (b), and to). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHIEF NOT WHILE The Certify that (I) ( he happital) attended the deceased from \_ dove the deceased alive on Tune 14 above, the body after death . and that in (my) (cus) apinian death accurred on the date and have and from the causes stated 77k SIGNATURE DEGREE MD MEDICAL ATTENDING PHYSICIAN DIRECTOR | PHYSICIAN 2 HOPKINS ld b 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial 6/19/1986 Arbutus Memorial Park Baltimore, Maryland

24 NUTRAPREGORSONS FUNERAL HOME, INC.

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

26 HOUR

126. KIND OF BUSINESS OR INDUSTRY Balto.

Public Schools

Mac Beth

22c. DATE SIGNED

CANDELLE CAMP

IF UNDER LYEAR

07:14pm

STREET SYNCRETICS

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00	0		CEASED NAME	FIRST		MIDDLE		130	LAST		20	DATE OF	KNOWN	X MON	TH DAY	YEAR	26 HOUR
	ET, ES,	(1111	· ON PRICEIT	ANDRE		).		CAR	TER			DEATH		□ 6	14	1986	
	SIR	3. SEX	4.	RACE	5 DATE OF BIRTH	YEAR	6. AGE (IN YE			IF UNDER 2		. DATE	ICED.	MONT	TH DAY	YEAR	2d HOUR
	ON 272	ma		31ack	3 17	59	27 Y	RS.	IS DATS	HOURS		DEAD		6	14	1986	3:04 P. W
1917	ERAL REST	FOR	RTHPLACE (STAT	E OR	76 CITIZEN OF W		VTRY?	8. MARRI	ED NEV	VER MARRIE	D X	BALTIM	ORE CIT	Y OR COL	JNTY OF	DEATH	
	AND SO		aryland	DE ATU	U.S.A			WIDOW		DIVORCE		Ba	ltim	ore C	ity	IND OF BU	ME
2	PAGE PAGE BE FILE 25, 28 I		Baltir	nore	11. NAME OF HOS	uthe.	ran Hos	spita		IION		emp 1		TYPE OF WOR		OR INDUST	
21201	IF ANY DELANIS NECESSARY, PLEASE AND 3TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS IRECORDS, 201 W PRESTON STREET,	13a. ST	aryland	13b. COUN	OR OTHER INSTITUTION, GI	13c. CITY Ba	e before admiss Y OR TOWN 1 t imore	e e	13d INSIDE CI YES X	TY LIMITS?	13e STREE	N .	šš BE Ind	ord A	venu	ie 21	1205
201 W. PRESTON ST., BALTIMORE, MD.	23.3.3.	(-)	THER'S NAME James		MIDDLE	Cart	LAST er		FI	R'S MAIDEN Orothy	NAME		IDDLE		Jone	SAST	
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	(VR A15 ME (5))	Ma	rch Fund	eral Hon	nes 1101 E	ast	North.	Avenu	e	7.0	13	.000	4				2

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH ARNETT (TYPE OR PRINTS NMN 6. AGE (IN YEARS LAST BIRTHDAY) 9 BALTIMORE CITY OR COUNTY OF DEATH COUNTRY MARRIED NEVER MARRIED WIDOWED DIVORCED NUBSING HOME OR OTHER INSTITUTION 26 KIND OF BUSINESS OR INDUST 13d INSIDE CITY LIMITS? MIDDLE DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ME KINGITIS Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES T 216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STREET STATE NOT WHILE MOON IS AL WORK Mary 22a I certify that # (this hospital)\_attended the deceased from and that in (and (our) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR SETAN 22e ADDRESS

FOR

DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	Page 4	ral director. 72 haurs afte
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after carried a milkelight or attending physician.	DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral director. ached for use as the burial-transit permit. Then please remove corban papers. Pages * a lock should be filled within 72 hours after
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TO HOSPI retained by mill fact. TO FUNERAL DIREC should be detached with the State Dept.		226. SIGNATURE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D  226. ADDRESS  DASILSA, A.A.  PROVIDENT HOSPITAL.
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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE SE

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2a. DATE OF DEATH	MONTH	DAY	YEAR	2b F
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SEX   S. DATE OF BIRTH   S. DA
MALE  BLACK    DAY   SERIES   DAY
MALE  BLACK  5 25 11 75 YRS  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  S.C.  10. CITIZEN OF WHAT COUNTRY?  MARRIED WIDOWED DWORCED BALTIMORE CITY  MIDOWED DWORCED DWORCED DWORCED TOWNOR CITY  MALTIMORE  11. NAME OF HOSPITAL  12. SUSUAL OCCUPATION (TYPE OF WORK FOR MAN OF MOVERNOG LIFE) INDUSTRY MOVER  13. STATE  13. COUNTY  13. STATE  13. MOTHER'S MAIDEN NAME HEST HENST
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OR CONTRIBUTINGCAUSE OF DEATH    I/F ETIMER NOTIFY MEDICAL EXAMINER)   P.M.   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY   21f. LOCATION   STREET   CITY OR TOWN COUNTY STATE
Write NOT Write At WORK At WORK
220.1 certify that (1) (this hospital) attended the deceased from JUNE 13 1986, to JUNE 13, 1986, that (11 (we) last
saw the deceased alive on Jane 13 19 66, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.
226 SIGNATURE DEGREE 226. DATE, SIGNED
Rollent H. Brown M. ) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 6/13/86
Rollect H- Brown MI) ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN B 6/13/86  22d. PHYSICIAN'S NAME (TYPE OR PRINT)  22e. ADDRESS
Moller H - Drown PHYSICIAN DIRECTOR PHYSICIAN 0/3/00
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24 FUNERAL DIRECTOR ANATOMY BOARD ADDRESS (VRA 15, 4)

BALTO, MD 25 DATE REC'D. BY REGISTRAR 15 B. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed

etained by the hospital ar ottending physicion.

BP.

IMPORTANT: If them 21 is marked at them 18 shows ony injury, at ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiogian should be detached for use as the busiol-transit permit. Then please rempre corbons, with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

3.	FOR	
-	STATE	

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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DECEASED NAME	FIRST		MIDDLE	ĮA:			20 DATE OF DEATH		DAY YEAR	2b. HOUR
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SEX		4. RACE		5. DATE OF			6 AGE (IN YEARS LAST BE	(YADAY)	IF UNDER 1 YEAR	
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Rufus		C	asey			Lottie			1ake	
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BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF CE	METERY OR C	REMATORY	23d. LOCATION			
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DIVISION OF VITAL PECOPOS OF W. POPECTON CT. RAITIMORE MARKIAND 21 1101		46 3	TO MOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after anoth. Page 4 may be retained by the hospital or ottending physician.	TO FINERAL DIRECTOR After this certificate has been speed by the ottending physician and alimpletely filled in by the time of director page 3	should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages and 2 should be filed with 72 hours ofter death

08377	1-	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEA	TAL HYGIENE 8	16438
be orth		CEASED NAME FIRST ON PRINT)	MIDDLE Q	Cavey	20. DATE OF DEATH MO	0 2 86 10:43 AM
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th. Page 4		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARR	RIED 9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
by the filed will	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Loch Raven V	NG HOME OR OTHER INSTITUT		ORKING LIFE) 126 KIND OF BUSINESS OR
filled in b could be fill must ben	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUL	OTHER INSTITUTION GIVE RESIDENCE BEFORE	E ADMISSION)		ora Ave. 21213
mpletely and 2 sh examiner	14. FA	THER'S NAME Charles	MIDDIE Cavey	15 MOTHER'S MA	Ilian MIDDLE	Clemson
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r ottendin Mer this os the bu ith and Me	MEDICAL	21d. INJURY OCCURRED  WHITE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE F	PARM ETC)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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by the haby the haby the haby the haby the haby the detached State Dept ANT: if then		226 SIGNATURE	Bellyp	PHYS	NDING MEDICAL STAFF BICIAN DIRECTOR PHYSICIAL	22¢. DATE SIGNED
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BP	(	urial, CREMATION, REMOVAL SPECIBURIAL	6/5/86 Ga	NAME OF CEMETERY OR CREM	st Owings	Mills, STATE Md.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	NASChimunek 3331 Brehr	Funeral Home, ms Lane, Balto	Inc. Md. 21213	JUN 4 1986	REGISTRAR'S SIGNATURE

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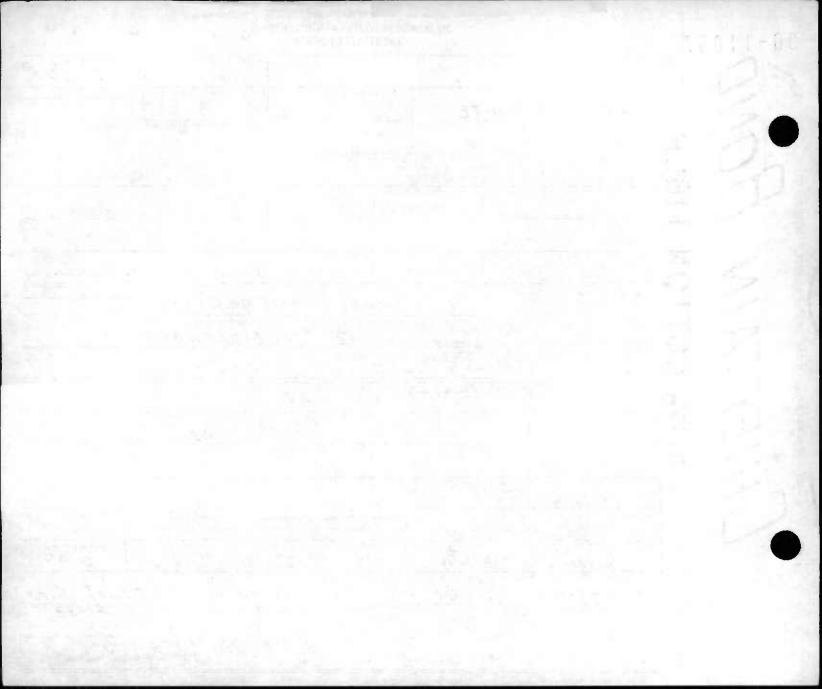
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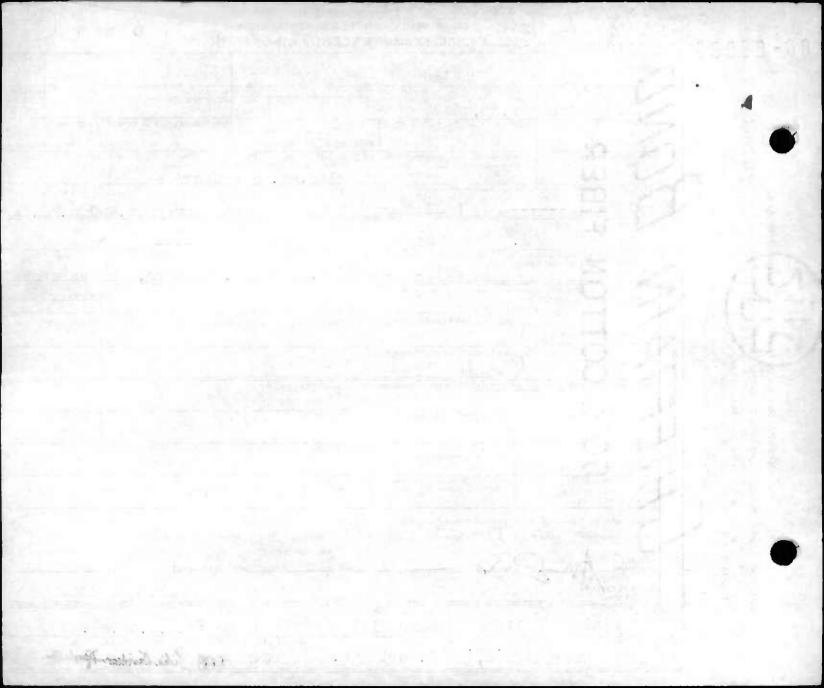
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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16	Ba	Itimore, MD	United	States	WIDOW	ED NEVER MARRIED	Baltimore City	
1/		TY OR TOWN OF DEATH			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BUSINES
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0/	4 FA	THER'S NAME John	WIOOIE	Chalk		15 MOTHER'S MAIDEN NA		Haymes
1		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS	200
5		YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR OATES)	578-38-3	3115	Marie Fowler	(friend) 212-Elm St	
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9	AAGE AAGE	10. CITY	OR TOWN OF D	EATH	11. NAME OF HOSE	PITAL, NURSING HOA	AE, OR OTH	ER INSTITUTION	12e USUAL C	CCUPATION (TYPE		OR INDUST	JSINESS RY
i i	SEA HOU	g	Baltimo		Deaton M	FACILITY, GIVE STREET ADDRESS)  Medical CenterBalto, Md. Housewife  FOR MOST OF WORKING LIFE)					OK INDUSTRI		
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WD.		T4 FATE	IER'S NAME		MIDDLE	LAST		15 MOTHER'S MAI		WIDDLE		LAST	
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	N Z4 HOUR N ITEM 18. ALONG W SIT PERMIT. IYGIENE, D	~ II	PART I DEATH	ATH (Enter and WAS CAUSED	y one cause per line to BY:	for(a),(b), and(c).) tastatic	Car	cinoma				APPROXIMATE BETWEEN ONSE	T AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON	D BE EXECUTED WITHING WEDINGS IN PENCIL IN MEDICAL EXAMINER A AS A BURIAL - TRANSIT AAITH AND MENTAL HY CREMATION, OR REMO		ART 2 OTHER SIGNIFIC	CANT CONDITIONS C		UT NOT RELATED TO THE TE					nonar	4	est.
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ALR.	SHOOLD BE DO VORD "PENDIN E CHIEF MEDIC BE USED AS A I VIT OF HEALTH, RURIAL, CREM	CERTIFICATION	0. DATE OF OPE	RATION	196. CONDIT	ION FOR WHICH OPF	RATION W	'AS PERFORMED?				20. AUTOPSY?	?
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No Cart	C MEDICALE EAGMINEE HIS CERTIFICATE ST EXECUTE THE CERTIFICATE. WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTWORE, MARYLAND, 21201 PRIOR TO BUIL	WA	HILE I NO	WORK X		pital	Un	iversity	Hospi	cal Balt	COUNTY	<u> </u>	Md.
	PAR ESTA		22a I certify the	at I taak charge		ribed abave, held an	Autap	sy K. Inspect	tion . In	Juiry . ond	In my opinio	an	
	E HUE		death resulted fro	om: Nature	al causes,	Accident 🖾, S	ouicide	, Homicide	· Undetermin	ed manner,			
	W. A. COCOL		CTUAL	An (	22			TITLE (SPECIFY)  D. Assista	nt		DATE	6-8-86	
5	CUTE THE SE 4 SHOELER DEATH	-	1	11/5	10		^					0-8-86	)
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	BAT PET	23a. BURI	AL CREMATION ""Buria	, REMOVAL 23		23c. NAME OF CE		R CREMATORY	23d LOCATI	ON	COUNTY	ST	ATE
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔍 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME FIRST MIDDLE YEAR 26 HOUR (TYPE OR PRINT) Champoux Berthe Y. June 23, 1986 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Female Whi te May 4, 189 5 TO BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maine U.S.A. Baltimore City. WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 20 USUAL OCCUPATION 126 KIND OF BUSINESS OR NUTSE MOST OF WORKING LIFE) Long Green Nursing Home INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b COUNTY Baltimore 113d. INSIDE CITY LIMITS? 13e ST 88100 056 ZHarford Road 21234 Md. YES X NO F 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Deshaies Victoria Joseph Champoux 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Mr. John Hergenroeder 215 N. Tyrone Rd. 001-22-8307 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE absial 6 monta Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES I NO 2 In ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK 220.1 certify that (1) (this hespital) attended the deceased from... sow the deceased alive an \_\_\_6/6/86 abave, (1) (we) (did) (did nat) view the body after death. \_, and that in (my) (our) apinion death occurred an the date and haur and from the causes stated 22b. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS I.W. Fromm, M.D. 8014 Old Harford Rd. 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION June 26,1986 Most Holy Redeemer Burial Baltimore Maryland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Baltimore, Md.

· LINE BUILD OF THE

Leonard J. Ruck, Inc.

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIRECTOR:

FUNERAL I PORTANT

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Story of Tues 24, 1980 Max Cult Schemen California

errett C. mok. Edo. galfflagre, Et.

FOR STATE REGISTRAR LETTE OF PRINT

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGH CERTIFICATE OF DEATH

LAST

MIDDLE

NE 6	6	da	6	S		
REG. NO.				4		
20 DATE OF DEATH MONTH	DAY	1	YE AR	2h HOU	IR D	
JUNE 18,	19	86		6:3	5	
AGE (IN YEARS LAST BIRTHDAY)	IF.	UNDE	RIYEAR	IF UNDER 24 HRS		
YRS		NIHS	DAYS	HOURS	MIN.	
BALTIMORE CITY OR COUN	ITY O	F DE	ATH			
BALTIMORE C	ITY				ME	
120 USUAL OCCUPATION	G LIFE)		KIND O	F BUSINE	SSOR	

Brian			S.	CHA	AVIS		JUNE 18,		1986	6:35	
3. SE	(	4. RAC	CE		5. DATE C			6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS
Ma	ale	W	hite		6	14	1986		YRS	1 1	HOURS MIN.
	RTHPLACE (STATE OR COUNTRY)		TIZEN OF V	VHAT COUNTRY?	8. MARRIE WIDOWE		MARRIED XX	9 BALTIMORE CITY O	_		MD
The Person Name of Street, or other Designation of the Person of the Per	TY OR TOWN OF DEA	ATH 11. N	NAME OF H	OSPITAL, NURSIN NS"HOPKIN	G HOME C	OR OTHER INS		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST ON A			DF BUSINESS OR
13a. S	AL RESIDENCE (# NUME STATE aryland	ING HOME OR OTHER 136 COUNTY Baltim		GIVE RESIDENCE BEFORE 13c. CITY OR TOWI Dundalk	N	13d. INSIDE (	NO 🛣	13e STREET ADDRESS 2006 Paule			21222 201
M	THER'S NAME FIRST	MIDDLE K.		chavis		R	S MAIDEN NA/ FIRST Obin	A.		Chu	
	VAS DECEASED EVER	IN U.S. ARMED F		16h SOCIAL SECU	RITY NO.	17 INFORM		ADDRI			
No	0			N/A		Mark	K. Cha	vis	Sa	ame as 1	
	18. CAUSE OF DEAT PART I. DEATH W	AS CAUSED BY:	USE (0)	ardiore	SPI I	rator	Arre	5		APPROX BETWEEN SE	CON d
	Conditions, if ony gove rise to improve (o), static underlying couse	mediote ng the lost.	(c) <u></u>	AS A CONSEQUE CONTRIBUTING TO E	NCE OF	ansc	arban	ny lase Def	DITIONG	IVEN IN PART 1	Idays.
CERTIFICATION	19a DATE OF OFERA	TION	9b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY?	IN CERT	ES, WERE FINDII TIFYING CAUSES YES [	
	210 ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	1b. TIME OF HOUR A.M P.A	A. MONTH DA	YEAR	21c. HOW II	JURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM TE	3 PART I OR PART ?)	
MEDICAL	21d INJURY OCCUR	HILE [	TE PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC.)	211. LOCATI STREE		CITY OR TO	WN	COUNTY	STATE
	22a   certify that (1) sow the decease above, (1) (we) (1)		6/18	19_	86.	nd that in (my		to 6/18 deoth occurred on the d	ote and he		that (I) (we) lost couses stated
	226 SIGNATURE	ith (	ul	Lurny	m	)	ATTENDING PHYSICIAN	MEDICAL STA DIRECTOR PHYSIC		22c. DATE	SIGNED
	N. Ke	THE CTYPE OR PRINT	shlow	arn		(22e ADDRE	0 N. 1	Nolfest.	B	alt	21205

O HOSPITAL OR ATTENDING PHYSICIAN: should be detoched IMPORTANT: IF BP

FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL (SPECIFY) 6/21/1986 Burial 24 FUNERAL DIRECTOR

7922 Wise Avenue

23b. DATE

Oak Lawn Cemetery

23d. LOCATION

23c. NAME OF CEMETERY OR CREMATORY

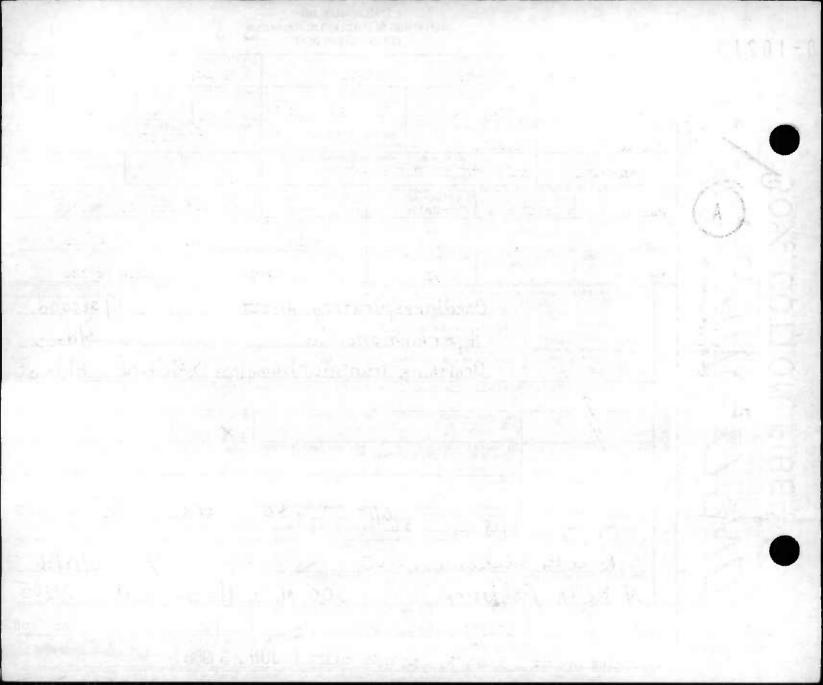
COUNTY Baltimore 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Maryland

Duda-Ruck, Inc. ADDRESS 21222 Dundalk, Maryland

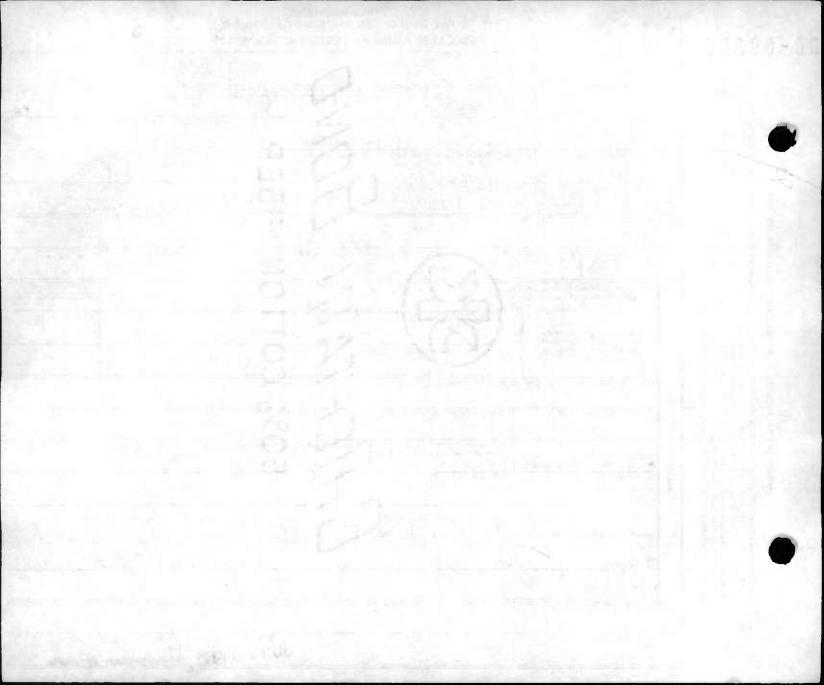
JUN 23 1986

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	25 42	_	ARYLAND		U.S.				VED 🛛	DIVORCE	□ Ba	altimor	e City			
4	一番品品	10 C	ITY OR TOWN OF	DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)							PE OF WORK	F WORK 126 KIND OF BUSINESS OR INDUSTRY			
12	2 PAGE PS PER	1	Baltim	ore							7 OK (MOS) OF	NORKING (III)		OK II OOJIK		
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	- 33.3.	14. F	ATHER'S NAME						15. MOTHER'S MAIDEN NAME							
, N	S S S		FIRST MIDDLE LAST FIRST MIDDLE UNKNOWN									LAST				
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1	NAT.		18 CAUSE OF I	DEATH (Enter onl TH WAS CAUSED	y one couse per lin	e far (a), (b	), and (c).)							BETWEEN ONSET	NTERVAL AND DEATH	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.	ALERA PER				E CAUSE (a)		In	cise	Woun	d of N	eck					
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× ×	A STATES	ON, OR	cause (a) st	oting the under-	DUE TO, O	R AS A CON	SEQUENCE	OF						34.00	13-10	
201	E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH, WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1; SE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. BUSED AS A BURRAL. TRANSIT PERMIT. PAGES 1 AND 3 NI OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH BURRAL, CREMATION, OR REMOVAL.		lying cause last.													
DS.			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)													
Ö	S A LITH	Z														
8	L CAA MEA	CERTIFICATION	19a. DATE OF O	PERATION	198. COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY?		
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	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD, "PENDIPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDITO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIORFORD BURIAL, CRE	22- 0	URIAL, CREMATIC				NAME OF CE				23d LOCATIO					
		230.6	URIAL URIAL	AN, KEMOVAL Z					K CKEMATO	JKY	CITY OF TOWN		COUNTY	STAT	Æ	
07/84 25M	BP		UNERAL DIRECTO	)P	6-14-86	I E	ASTVIE	W		15a DATE DE	BALTI		ICTD ADVC -	MARYI	CAND	
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	(VR A15 ME (5))	W	M.C.MARC	H F/H IN	C. 1101	E.NOR	TH AVE	NUE		2014	1 3 1981	ywine &	lavidson	Mandage		

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 71101		TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed with 24 hours liter death. Page 4 may be	refolined by the hospital or offending physician.	10 FUNEXAL URELION: After this securition has been signed by the obstanding physician of accompletely intending a metal-poge a should be filled within 25 hours ofter death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other troumotic event, the medical

IMPORTANT: If Item 21 is marked or Item 18 shows any

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ust be notified of once.

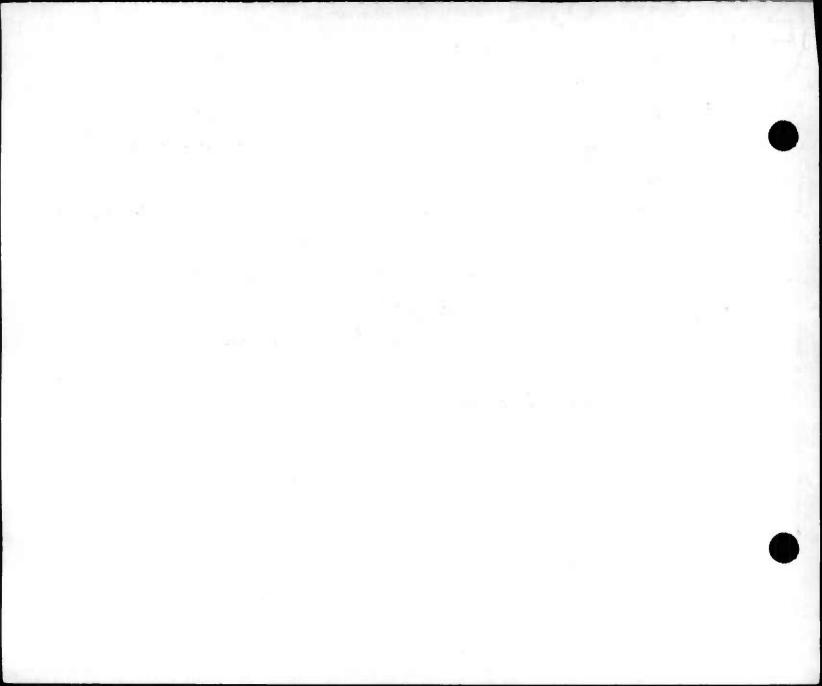
STATE OF MARYLAND

1 -	STATE REGISTRAR			DEI	CERTI	FICATE OF DEATH	LHIOIENE	REG. NO	).	3 "2	~, ~	
	CEASED NAME	FIRST		UDDLE		LAST	20.1	DATE OF DEATH	HTMOM	DAY YEAR	2h HOUI	R
,,,,,	OK - KIIII)	Rosi	E	· Ci	HEESE	BORO		JUNE		9,1981	2:0	OA
3. SE	X		. RACE			OF BIRTH		GE (IN YEARS LAST BIRT	HDAY)	MONTHS DAY		24 HRS
F	emale		Blac	K	MONI	0 - 9 - 30		419	YRS	MONTHS DAY	HOURS	MIN.
	RTHPLACE (STA	TE OR FOREIGN 7	L CITIZEN OF	WHAT COU	NTRY?	D NEVER MARRIED	9 B	ALTIMORE CITY O		OF DEATH		
·	West	Va.	USI	4	WIDOW	-		BALTIMO	RE	CITY		ME
10. CI	TY OR TOWN O	F DEATH			URSING HOME	OR OTHER INSTITUTION		USUAL OCCUPATION			OF BUSINE	SS OR
B	ALTIMO	RE	SIA		HOSPIT	AL	1.7	Isabled	WOMENTO L	INDUSTR		
	AL RESIDENCE (	F NURSING HOME OR C		GIVE RESIDENCE		13d. INSIDE CITY LIMI	752 113.5	STREET ADDRESS /	ZIR COD	. 7	1215	-
	mo	100 000		0 -	1 mover	YES NO		1661 Par		eights	Ave	
14_FA	THER'S NAME		NDDLF	0.14	67	15 MOTHER'S MAIDE	N NAME	WIDDLE				
	ames	Pro-	T	(10	rv	Bessie		MIDDLE		Ha	Ten	
		EVER IN U.S. ARM		166. SOCIA	L SECURITY NO.	17. INFORMANT		ADDRE	SS			
(,	YES, NO OR UNKNOW	(IF YES, GIVE	WAR OR DATES)	236-	56-374	7 John Ct	reesel	Dara 466	1 Pa	rk He	ights	
	IL CAUSE OF	DEATH (Enter only	y one couse per	line for (o),	(b), and (c).)					APPRO BETWEE	DXIMATE INTER	VAL DEATH
	PART I. DEA	TH WAS CAUSED	BY:	$\mathbb{R}$	espirat	vry Fail	ure					
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	Conditions, if	ony, which	(b)	E	ncepha	lit's -1	ruha	ble VIVO	S			
	gove rise to		DUE TO OF	AS A CON	ISEQUENCE OF							
	underlying	cause lost.	(c)	no A con	H							
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MEDICAL CERTIFICATION	X	vere	Ithem	ia								
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B	21g. ACCIDENT W		216. TIME OF		H DAY YEAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJUR	SF MATE MIY	PART I OR PART 2		
CAL		CAUSE OF DEAT Y MEDICAL EXAMINER)	P./		19							
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2	WHILE D	AT WORK	(ATTHORE, STA	LET, FACTORI,	OFFICE, FARM, ETC.)	2.1				0.4		
		ot (1) (this hospite				19	10	10 Jone 1		19 86	, that (I) (w	ve) lost
	sow the d	eceosed alive on_ we) this edia not	June He hody	after death.	19_16	and that in (my) (our) op	nion death	occurred on the do	te and hou	or and from the	ne couses sta	ted
	226. SIGNATUR		D			DEGREE					ESIGNED	
			Mall	u n	nD	ATTENDI PHYSICI		EDICAL STAF		6-	9-86	>
	22d. PHYSICIAN	I'S NAME ITHE	rent)	1		22e ADDRESS						
		D Lo	elly.			SINAI	Hos	PITAL				
23o. 8		ION, REMOVAL	23h. DATE			CEMETERY OR CREMAT	ORY 2	3d. LOCATION		COUNTY		TATE
	(SPECIFY) Buri	al	6/14/	86	King Me	morial Parl	k	Randallst	cown	COUNTY	N	ΔĎ

DHMH - 16 50M 4/83 (VRA 15, 4)

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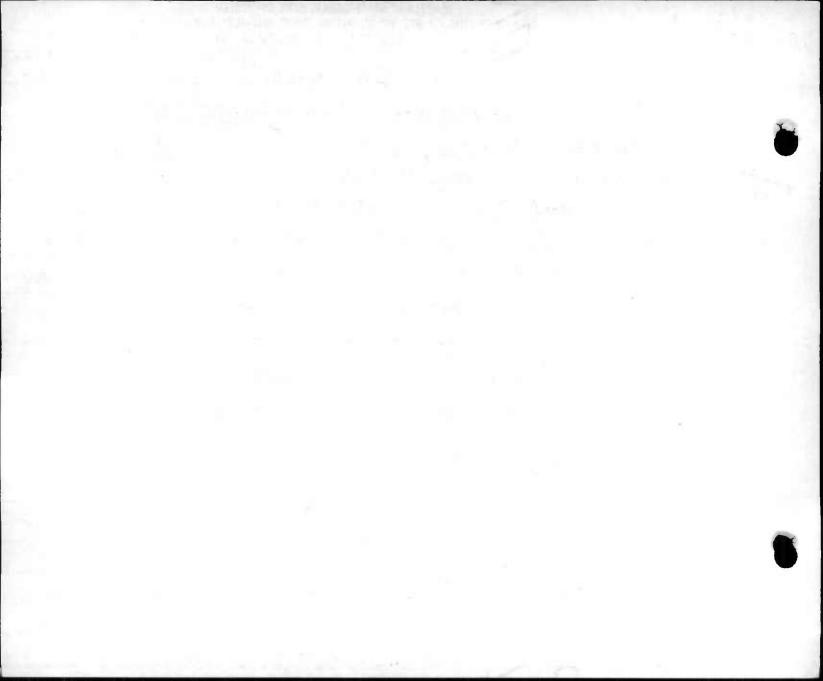
24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue JUN 13 BY REGISTRARY SEGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 2b. HOUR Middle 1. DECEASED-NAME First deoth. 24 hours ofter deoth puo (Type or print) IF UNDER 24 HRS 4. RACE 6. AGE (In years IF LINDER I YEAR hours ofter 3. SEX last birthday) DAYS CASIAN 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED | NEVER MARRIED country) WIDOWED [ DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ID. CITY OR TOWN OF DEATH give street address) during mast af working life, even if retired.) BALTIMORE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the hospital or ottending physician. 13b. COUNTY ev. Balt: MONR 2505 FleeT ottending physician and cor sermit. Then please remov Ony 14. FATHER'S NAME Middle WASOWICZ Josep 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unknown) Melvi 7903 Hill top burial, cremation, or removal, WWI 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Cardio on IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF the Canditions, if any, which gave ) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF TO FUNERAL DIRECTOR: After this certificate has been signed by stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO 🗍 YES 🗌 of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY Po OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County OFFICE BUILDING, ETC. While Not while at wark 1986, ta 86, that (1) (we) last 22a. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive an. 6 \_19\_26 and that in (my) (aur) apinian death accurred an the date and have and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) LOCATION (City or Town) (State) (County) 23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL (Specify)

FUNERAL DIRECTOR ISA 171 MOR C.
REGISTRAR | 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) white our of the 1800 F. Lombard ST, DATE UN 26 1986 ChOJNACKi 25m-1/70



23b. DATE

FOR

- STATE

STATE OF MARYLAND

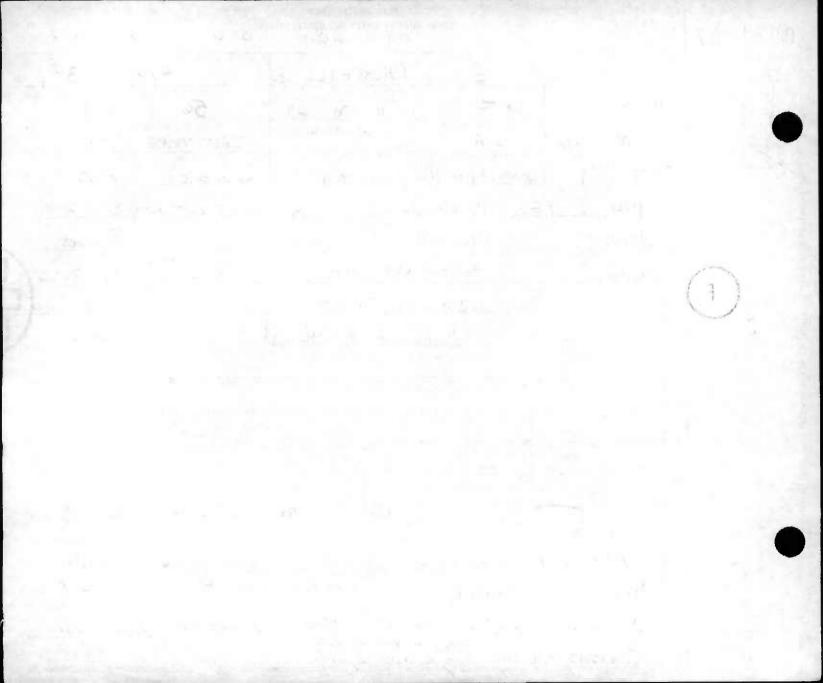
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 20. DATE OF DEATH MONTH 2b HOUR 38 350 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 56 9 BALTIMORE CITY OR COUNTY OF DEATH DALTIMORE 17b. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! ABORER 13e.STREET ADDRESS / ZIP CODE 4225 58th Avenue 20710 MIDDLE DINES Ave 2071 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [] NO I 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART I OR PART 2) CITY OF TOWN COUNTY STATE 28 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED STAFF DIRECTOR PHYSICIAN 236 NAME OF CEMETERY OR CREMATORY NAPHONY MEM. 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JONKINS FUNCEAL HOME, LANDOUGE

DHMH - 16 60M 7/84 (VRA 15, 4)

130 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR



THE PARTY OF THE P	STATE OF MARYLAND
O O A O O I FOR	DEPARTMENT OF HEALTH AND MENTAL H
094001-STATE	CERTIFICATE OF DEATH

	STATE REGISTRAR			DEFARIN		ICATE OF DEATH	REG. N	10.	0 -	4 0	
1. DECE	ASED NAME	FIRST	N	IDDLE	I	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	C	LARA	Μ.		стене	OWICZ	JUN	E 12	.1986	2:42am	
3. SEX			RACE		5. DATE C		6 AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS	
	Female		Cauc	,	MONTH	11 / 1907	79	YRS	MONTHS: DATS	HOURS MIN,	
	a. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COU COUNTRY)				8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	Balto.,	Md.	USA		WIDOWE		Balto.	City	7	MD.	
10" CITY	OR TOWN OF DEA		(IF NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS	PROTHER INSTITUTION	12a USUAL OCCUPAT	ION OF WORKING (	126. KIND O	F BUSINESS OR	
	Balto.			ch Hosp		rp.	Housew:	ife			
13a. STA	Md.	136 COUNTY	ER INSTITUTION	13c. CITY OR TOW Balto	N	13d. INSIDE CITY LIMITS? YES X NO				St. 2120	
14 FATH	John Wo	lters	DLE	LAST		Anna Anna	Urbanski		LAS	т	
	S DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS			
[452	NO OR UNKNOWN)	(IF YES GIVE W	AR OR DATES)	218-40	000	3 Jerome Ci	chowicz,	5113	Johnny	Cake R	
16	PART I. DEATH W	AS CALISED B	Υ.			NARY ARREST	21207		BETWEEN	MATE INTERVAL ONSET AND DEATH	
	Conditions, if any,			SCHEMIC		RT DISEASE		12	4		
	gave rise to imm cause (a), statin- underlying cause	g the "		AS A CONSEQUE		INSUFFICIE	NCY				
	ART 2. OTHER SIGN	IFICANT CO	IDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GI	VEN IN PART II	3	
0	UMB	ILICA	L HER	NIA REP	ATR						
H	DATE OF OPERAT	ION				N WAS PERFORMED	200 AUTOPSY?	IN CERT	S, WERE FINDIN	OF DEATH?	
ERT	JUNE 5 1		21b TIME OF	E IN II IPV	-	21c. HOW INJURY OCCURE	YES NO.		ES CORRESTO	NO 🗌	
O Z	IB. MCCIDEITI WAS UND	CALTINO [		A MONTH DA	V VEAD	THE HOW INJURY OCCUR	LENTER NATURE OF INJU	BI Wall MI TH	PART TORPART 2)		

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M. 21e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OF TOWN

NOT WHILE pinion death accurred on the date and hour and from the causes stated 726 SIGNATURE 22c. DATE SIGNED

ATTENDING 22e ADDRESS

CHURCH HOSPITAL

100N.BROADWAY, BALTIMORE, MARYLAND21231 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION

230. BURIAL, CREMATION, REMOVAL Burial 6/16/86 St. Stanislaus

Balto., Md. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

STAFF DIRECTOR PHYSICIAN

24 FUN Schmanek Funeral Home, Inc.

PRADAD SOMPALLI

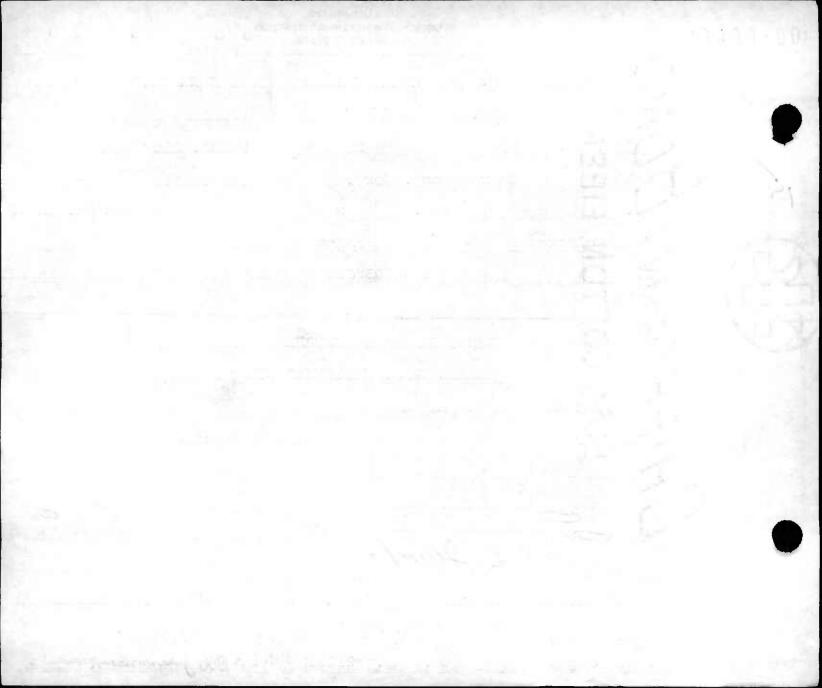
3331 Brehms Lane, Balto., Md. 21213

DHMH - 16 60M 7/84 (VRA 15, 4)

marked ar Hem 18 shaws

MPORTANT. If Nem 21 is

MEDICAL



23b. DATE

1smorise

STATE OF MARYLAND

LAST APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES TH 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated PHYSICIAN DIRECTOR PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

2b. HOUR

176 KIND OF BUSINESS OR

21218

IF UNDER TYEAR

MONTHS DAYS

DHMH - 16 50M 4/83 (VRA 15, 4)

H

23a. BURIAL, CREMATION, REMOVAL

SPECIFY) 24 FUNERAL DIRECTOR

 director

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certificate has the buriol-transit per and Mental Hygiene Item 18

DIRECTOR:

FUNERAL

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for use as the b

should be detached with the State Dept.

MPORTANT

## STATE OF MARYLAND FOR DEP - STATE REGIS

ARTMENT O	F HEALTH	AND MENTAL	HYGIENE
CERT	TIFICATE	OF DEATH	0

- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
CEASED NAME FIRST A 1 be	rt Bodney	Clayton	20 DATE OF DEATH MONTH	7 1986	26 HOUR 4:40 P
X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
Male	White	12 24 05	80 YRS	MONTHS DAYS	HOURS MIN.
IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A.	WIDOWED NEVER MARKIED WIDOWED NORCED	Baltimore	City	M

HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE GIVE RESIDENCE BEFORE ADMISSION COUNTY

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c

IMMEDIATE CAUSE (a)

13c. CITY OR TOWN Baltimore

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS?

17 INFORMANT

13e STREET ADDRESS / ZIP CODE 1618 Rosedale Heights

15 MOTHER'S MAIDEN NAME FIRST Alice

MIDDLE Joyner ADDRESS

Eugene 60 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) Unknown

PART I. DEATH WAS CAUSED BY

NOT WHILE

I. DECEASED (TYPE OR PRINT

78 BIRTHPLA COUNTRY

O CITY OR TOWN OF DEATH

Maryland

4 FATHER'S NAME

3. SEX

Clayton 166 SOCIAL SECURITY NO. 215-18-3867

Medical Record

12a USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

INDUSTRY

126 KIND OF BUSINESS OR

Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse lost.

OR AS A CONSEQUENCE OF rcinoma

of Colon & Metastasis

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19a. DATE OF OPERATION	1% CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES □ NO 🗙	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO		
710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	IRRED (ENTER NATURE OF INJU	RY IN ITEM TO PART 1 OR PART 2)	19	
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	OUNTY COUNTY	STAT	

T WORK 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an TIMP above, (1) (we) (did) (did not) view the body after death.

22e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated

DEGREE 22b. SIGNATURE

ATTENDING PHYSICIAN STAFF DIRECTOR PHYSICIAN 22 DATE SIGNED

23d LOCATION

CITY OR TOWN

COUNTY STATE

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

(SPECIFY)

Anatomy Board

230 BURIAL, CREMATION, REMOVAL

21201 655 W. Baltimore St

25 PREGISTRAR'S SIGNATURE Gina Variason Bandall

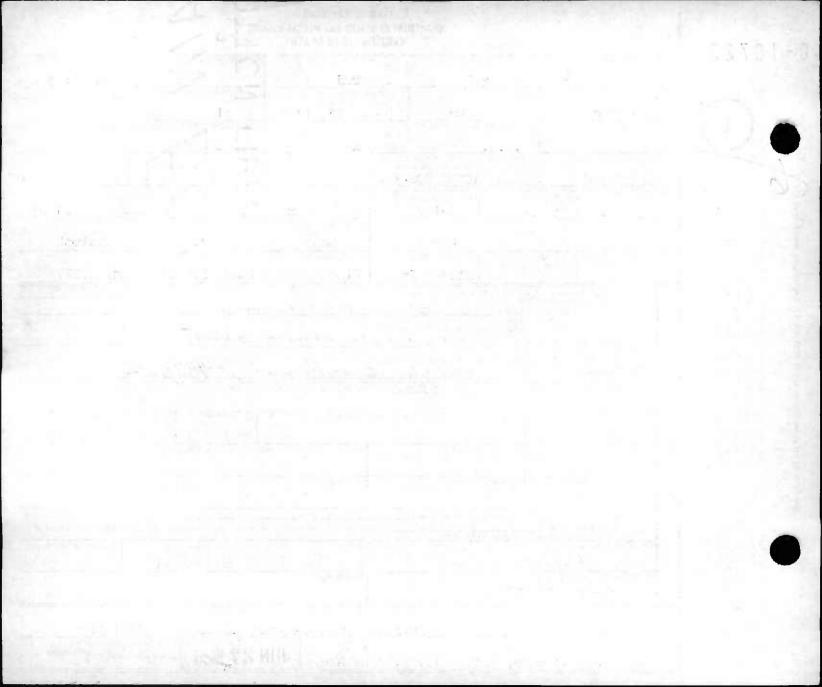
## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212 by the ottending physicion TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicior should be detached for use as the burial-transit permit. Then please remove carbonpapers-with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

1						STAT	E OF MARYLAND		V III					
9	1-	FOR STATE REGISTRAR			DEPARTM		IEALTH AND MENTAL HYG ICATE OF DEATH	IENE Ó REG.	16	do.	5			
		CEASED NAME	FIRST	,	AIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR			
	,,,,,	OK T KNOTS	٧.	Re	osalie	CLA	AYTON		6 26	86	6:33 AM			
	3. SE)	(		4. RACE		5. DATE O		6. AGE (IN YEARS LAST E		UNDER TYEAR	IF UNDER 24 HRS			
-		Female			nite	Sept		81	YRS.					
20		RIHPLACE (STATE OR F COUNTRY) Maryland	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED D	9. BALTIMORE CITY  BALTIMORE		FDEATH	MD.			
0	1	TY OR TOWN OF DEA BALTIMORE	ATH	IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET A AGNES HOS	DDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPA {TYPE OF WORK FOR MOST Operator		INDUSTRY	of Business or Telephone			
3	USUA 13a S	AL RESIDENCE (IF NURS	No. COUN	other institution of timore	GIVE RESIDENCE BEFORE 136. CITY OR TOWN Relay		13d INSIDE CITY LIMITS?	13e STREET ADDRESS						
30	14: FA	THER'S NAME FIRST		WIDDLE	Fuchs		15. MOTHER'S MAIDEN NAM FIRST Anna	ME MIDDLE V		Та	lbot			
5		AS DECEASED EVER			166. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADD	RESS					
do	N	ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	215-09-2	525	Linda JoAnn	Dixon, 518	Gun Roa	oad, 21227				
	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF								J IN PART 1				
1	CERTIFICA	19a DATE OF OPERAT	IION	196 CONDI	TION FOR WHICH O	SPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDINGS USED ING CAUSES OF DEATH?				
1		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF IN.	URY IN ITEM 18 PART	I OR PART 2)				
	MEDICAL	21d. INJURY OCCURR		21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE			
		22a.1 certify that (1) sow the decease obove, (1) (we) (c	ed ofive on		19	, 01	, 19, 19	, to death occurred on the	dote and hour o		, that (I) (we) lost e couses stated			
		276. SIGNATURE DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN												
		22d PHYSICIAN'S I	ME JULY OF C	CUL	es Error	My.	22e ADDRESS							
	23a. B	URIAL, CREMATION,	RÉMOVAL	23b. DATE	23c. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		OUNTY	STATE			
		Buria	ıl	6/28	/86 Lo		ne Park Cemete	ry Woodlaw	n Bal	timor	e Md.			
4		INERAL DIRECTOR			ADDRESS	_	1111	E REC'D. BY REGISTRA	R 256 REGISTRA		TURE			
	Hu	bbard Fune	ral H	lome, In	c., 4107	Wilke	ens Ave.	4 6 1 1800	1					

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is morked or them 18 shows ony injury, or other troumotic event, the medical

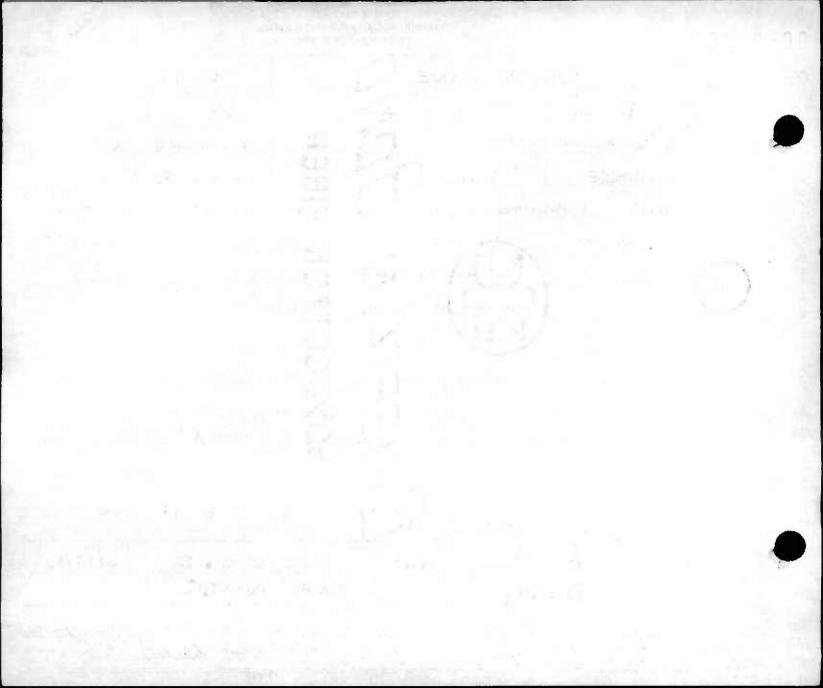


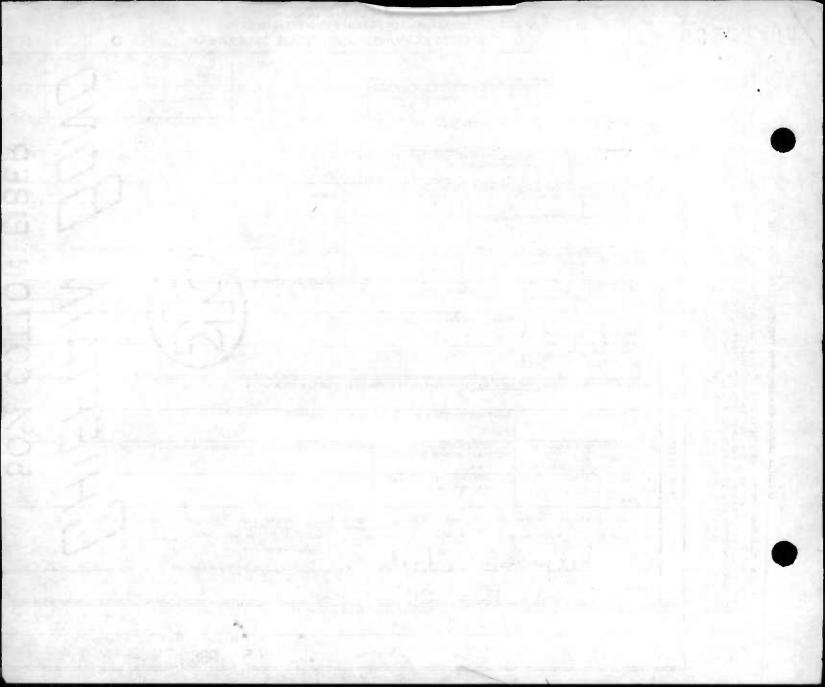
111-	0996	0	1-	FOR STATE REGISTRAR			DEP		EALTH AND MENTAL HY	GIENE O O REG. NO.	6 4	5 2
, 0				CEASED NAME	FIRST		MIDDLE	l	AST	20 DATE OF DEATH MONTH	H DAY YEAR	2b HOUR
	2 20	12	LIAME	John 1	HUDSO	N		CLENI	DANIEL	JUNE 17	, 1986	8:38P M
	do do		3. SE			4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
	4 90 4	11	M	ale		Cauca	sian	MONTH	-14-19 YEAR	66	rRS.	S HOURS MIN.
-	6 69	4/	7e. BI	RTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
	1 17	10 10		over, Dei	1.	USA	A	WIDOWE		BALTIMORE C	ITY	MD.
	W 25	200	1300	TY OR TOWN OF DEA	TH				R OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND	OF BUSINESS OR
212	有語	20	-	LTIMORE	1				HOSPITAL	Adm. Lab. M		
-	30 5 g	36	13a. S	RESIDENCE (# NURS TATE MD	ING HOME OF	rother institution	13c. CITY OR	EFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS / ZIP	CODE 2100	1
AND	0 17	2		MD	Har:	ford	Abe	rdeen	YES NO		nwood D	r.
ž o	201	X	14,80	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST
1	3 - 80	12	U	Paul			_	daniel	Clara		Faulk	ner
ORE,	F - 1	12	16a. V	VAS DECEASED EVER				SECURITY NO.	17. INFORMANT	ADDRESS	Contract Contract	
THE THE	0	-		Yes	WW :	VE WAR OR DATES)	189-0	7-7734	Beatrice 1	L. Clendanie		as #13
TAL RECORDS, 201 W. PRESTON ST., E	The law requires that the Certification.  ician.  its has been signed by the attending phy issi permit. Then please remove carbonpa giene prior to burial, cremation, or remay	chows ony injury, or other troumotic event	CERTIFICATION	Conditions, if any, gove rise to imm cause (o), statir underlying cause  PART 2 OTHER SIGN  19a. DATE OF OPERA	which nediote g the last.	DUE TO, CO  DUE TO, CO  DUE TO, CO  CONDITIONS C	OR AS A CONSE	EQUENCE OF	NOT RELATED TO THE TERM  N WAS PERFORMED  L SLASL		N GIVEN IN PART  IF YES, WERE FINI LERTIFYING CAUS  YES	DINGS USED ES OF DEATH?
DIVISION OF VITAL	phys phys fifico l-tror of Hy	8 4	-	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	M. MONTH		ZIL TIOW INJOK! OCCOR	(ENSEK NATOKAOL INJOKA IN IS	EM 18 PARTI OR PART 2	
Z	YSIC ling s cer	T Fe	DICAL	116 EITHER, NOTIFY MEDI 21d. INJURY OCCUR			.M. OF INJURY	19	21f. LOCATION			
ISIO	the bund /	o po	MEDI	WHILE NOT WE	ILE 🗆	I AT HOME, ST	REET, FACTORY, OF	FICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
2	Afte os olth	nork		AT WORK AT WO	RK			om Ce	1/3 10 8	6, to 6/1	7 10 8/10	
	Tol or use	l is r		220.1 certify that (1) saw the decease	-	A A	1 1			death occurred an the date ar	d have and from t	he causes stated
	ATT nospi ECT ed fo	m 2		saw the decease abave (1) we) (1) 22b. SIGN (1) (E	did did no	ot) view the bad	after death		DEGREE			TE SIGNED
	toche Pep	#		1600	t	100		67 -	ATTENDING	MEDICAL STAFF		117/86
	TO HOSPITAL retoined by t TO FUNERAL should be def with the State	MPORTANT		22d. PHY MAN'S N.	AME (TYPE O	OR PRINTI Te	terso	N	220 ADDRESS JOHNS A	JOPKINS R	tospe to	1 -BAGO
	Tes	7	23a E	SURIAL, CREMATION,	REMOVAL				EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STALE
	BP	_		Burial	-	06-2	21 – 86	Honey	brook U. M.	Honeybro	ok Ches	ter PA
				JNERAL DIRECTOR						TE REC'D. BY REGISTRAR 25b. R		

Lucence and delivered to goodly I to him Select Ed Brown France Charles X 3/11/2 The world will be a self-training the self-train

990 1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MEN CERTIFICATE OF DEAT	TH 5 0	1 6	453	
1796	CEASED NAME PRINT	COLUMN TO THE PARTY OF THE PART	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	20. DATE OF DE	0-17-	86 A150P	M
1.98	Female	White	1 DATE OF BIRTH	19 66	-	UNDER 1 12 AF FUNDER 74 HA	-
	A STATE OF THE STA	USA	MARRIED NEVER MARK	DED _	MORE	CITY A	AD.
CHA DE	ALTIMORE	NAME OF HOSPITAL, NURSING HE HOLL HOSEL HO		ION 174 USUAL OCC	UPATION MOST OF WORLING (ME)	17L KIND OF BUSINESS O	100
LIDE	STATE BASIDENCE IF HURAN HOMOTOR		VN III INSIDE CITY L		RESS / ZIP CODE	ton Road	73
130	CHALLES "	SWAIN	15 MOTHER'S MA	IDEN NAME	Research Control	Burnett	_
	WAS DECEASED EVER IN U.S. ARME YEL NO OR UNKNOWN)   (18 YEL GIVE W			e C. Cline	16243 400EL	Trenton Ra	7
and tremsion or who,	PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE.	PIRATORY TO	THE TERMINAL DISEASE OF	CONDITION GIVEN	MINERA CHOST AND CRAIN	_ _ _
or prime to the	THE DATE OF OPERATION		OPERATION WAS PERFORME	D 28e AUTOPSY	JOB IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?	
Ared go then 18 sign	THE ACCEPTATE WAS UNDERSTORD OF CONTRIBUTING CAUSE OF DEATH AS EXPERTED WHILE A WORK CAUSE OF CONTRIBUTING CONTRIBUTION OF CONTRIBUTING CONTRIBUTION OF CONTRIBUTING CONTRIBUTION OF CONTRIBUT	21L TIME OF INJURY HOUR A.M. MONTH D F.M. 21E PLACE OF INJURY 141 HOME STREET VACTORS, OFFICE	AY YEAR 19 211 LOCATION	OCCURRED (Comparations	/1	CONNETA PARA	
ofe Creat, of Health	27s.1 certify that II (this hospital size the clearest allier on obove (Cheri ) and identification (The SIGNATURE	iew the body ofter death.	DEGREE	o 6 to 6 opinion death occurred on NDING MEDICAL DIRECTOR 6	STAFF	nd from the course stated  276 DASE SIGNED  6/17/86	est .
with the Stor	BURIAL CREMATION, REMOVAL	ally	NAME OF CEMETERY OR CREM			8 31	

DHMH - 16 60M 7/84 (VRA 15, 4)





DECEASED NAME 20 DATE OF DEATH MIDDLE YEAR 26 HOUR TYPE OR PRINT E. 12:34 HERBERT COLEMAN JUNE 23, 1986 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF CINICER 24 HRS 23 0 a. BIRTHPLACE Th CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE BALTIMORE CITY WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HO 3a. STATE 13e STREET ADDRESS BALTIMORE 1568 MORELANG 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR GATES) NO HAIRSTON 1568 MORELAND 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 20 mas IMMEDIATE CAUSE (6) Canditions, if ony, which gave rise to immediate cause 101, stoting the DUE TO, OR AS A CONSEQUENCE O underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DIVISION OF VITAL RECORDS CERTIFICATION Lena 19 CONDITION FOR WHICH ATION WAS PERPORMED 190 DATE OF OPERATION 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? d IN CERTIFYING CAUSES OF DEATH? per e rial-transit p shov YES [ NO 71n ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 20 21d INJURY OCCURRED 21e PLACE OF INJURY 21L LOCATION à puo CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STATE Po AT WORK AT WORK 220.1 certify that his hospital) ottended the deceased from 6/22 apinion death accurred an the date and hour and from the causes stated sow the deceased alive on 6/23 obove, (I) (w) (30) (and not) view the body efter death SIGNATURE DEGREE 224, DATE SIGNED old be detach + ATTENDING MEDICAL STAFF MO MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIAN'S NAME (1994-08 PRINT) 22e ADDRESS ST BALTO, MD. SR JOINES shoul My 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE BURIAL

ILLIAM C. BROWN COMM. F/H 1206-08 W. NORTH

FOR

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4) - STATE

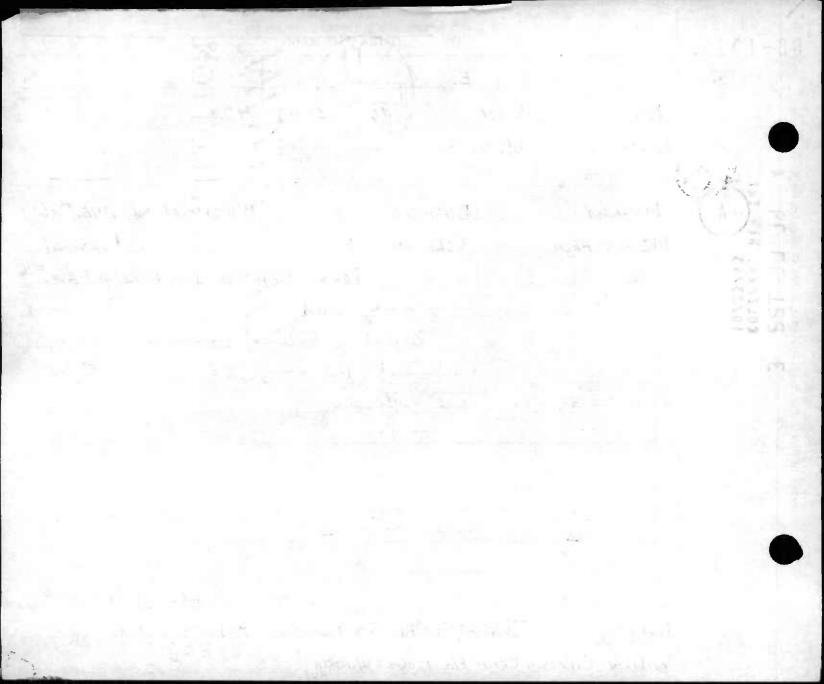
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

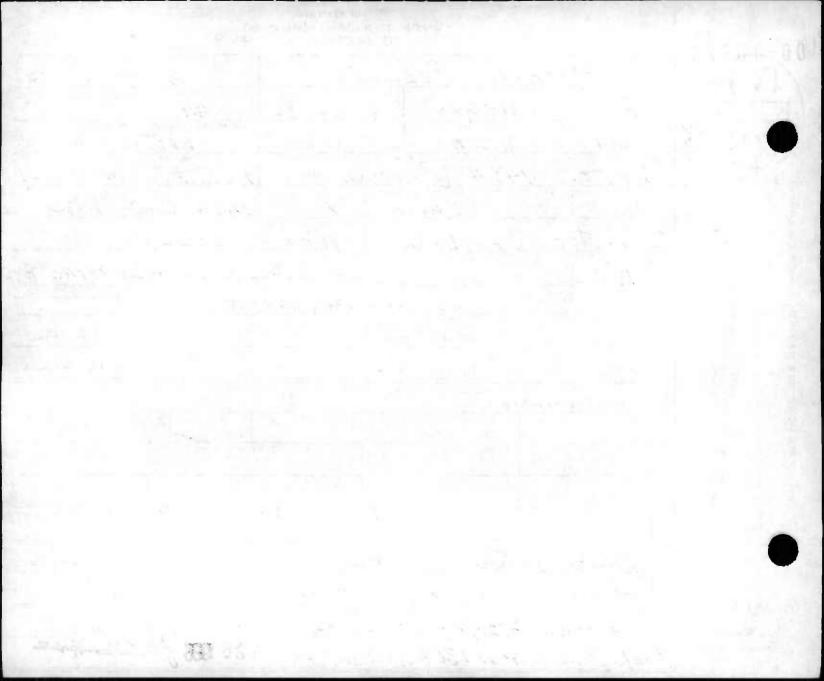
CERTIFICATE OF DEATH

REG. NO



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SNO	TEM 1: ONG ONG PERMI SIENE, VAL.	1	PARTITUE	AITI V		CAUSE (a)		Epin		xicat	Lion						
PRESTON ST	AND		Conditio	ns. if	any, which	DUE TO, C	OR AS A CO	NSEOUENCE	OF 6								
× ×	ED WITHI PENCIL L-TRANI RENTAL F		gave ri	se to	immediate a the under-	(b)	D AS A CO	NSEQUENCE	05					11.7			
201 V	UTED IN PE		lying cau			(3)	M AS A CO	NSEGUENCE	Or								
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	L EXAMINER: 1 E CERTIFICATE, DUID BE FORV L DIRECTOR: F H, WITH THE SI MARYLAND, 3		death result	100		ol couses	Accident		vicide X				ermined monne		my op in	100	
	EXAMI CERTIFI ULD BE DIRECT WITH			11	0.	. OF	71	4	11.		SPECIFY)	>					
	A HE A		SIGNATURE	W	lee		my	161	VIA	ASSI	stant	MEDI	CAL EXAMINE	R	DATE SIGNED.	June	6,86
	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOR ENTER TO FUNERAL DIRECT AFTER DEATH, WITH THE BACTIMORE, MARYLAI		EXAMINER'S	NAME	Den	nis F.Sr	myth	4.D.			111Pe	nnSt	reet,Ba	lto.	MD 2	1201	
	TO PAGE AFTE PAGE	23a.B	(TYPE OR PRI					NAME OF CE	METERY	ADDRESS_ OR CREMAT			CATION		>=1011		
07/8	1000	(:	PECIFY)	ıri	1	5-13-81	6/	WOUT	VS	Men	PK.	B	OR TOWN	RE!	TAR	LA	D
25M	DHMH - 17		UNERAL DIREC	TOR		ADDRE	<sup>55</sup> 1913				25e. DATE	REC'D BY		P. RECKER	Line	18HIO	De .
	(VP A15 AME (51)	R	roun /1	ho	mnson	F.H.	1913	W. R	alto	ST	NUL	TI	BIDD A	NAMES OF TAXABLE	A. SHARES		

DHMH - 16 50M 1/76 (VR A 15 (4)) STATE OF MARYLAND



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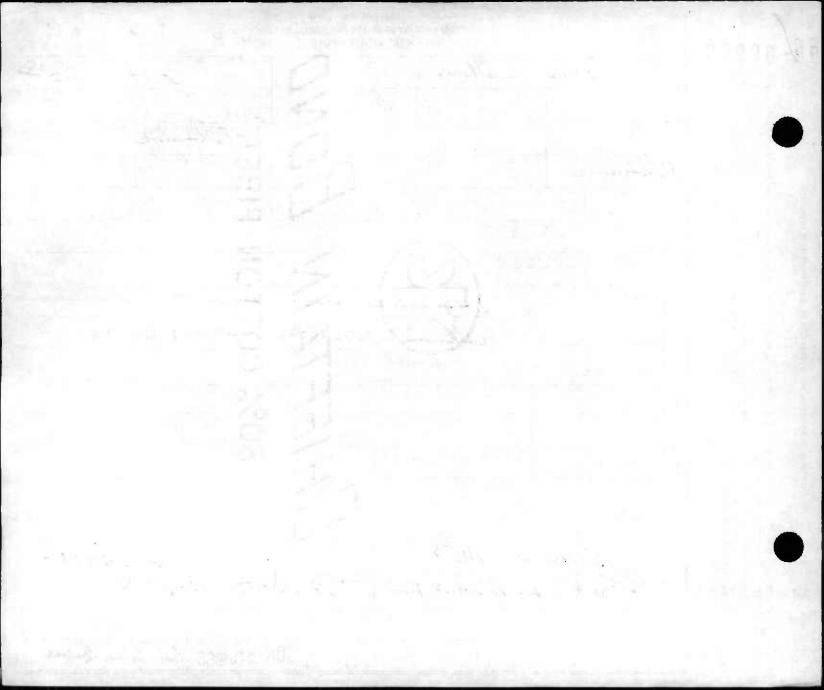
DHMH - 16 60M 7/84

(VRA 15, 4)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) ames 4. RACE 5. DATE OF BIRTH 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR DAY Male White 21 16 70 BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY BALTIMONE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S. WIDOWED DIVORCED MD. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Provident Hosp. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDECITY LIMITS? Md Balto. 4601 Pall Mall YES V Rd. NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE 1A51 PIRS1 **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN (IF YES GIVE WAR OR DATES) 402-01-9961 Unkn APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ARREST PARDIO - PULMONARY PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF BSTRUCTURE PULMMARY DISCHE Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC ) STREET NOT WHILE AL WORK AT WORK 220 I certify that (I) (this hospital) attended the deceased from\_ sow the deceased glive on above, (I) (we) (did not view the body after death \_, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22b SIGNATURE DEGREE ATTENDING MEDICAL DIRECTOR PHYSICIAN 22e ADDRES 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN

Removal 6-18-86 24 FUNERAL DIRECTOR Julia Davidson Kan Anatomy Board Balto.,



FOR - STATE

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	1000	REGISTRAR								REG. NO	).			
		EASED NAME	PIRST	AA	IDDLE	i	AST		20 DATE O	F DEATH /	HINOM	DAY YEAR	2h HOU	R P.
1	1007	Se talled	Rose		Eva	Co	llins		Jur	ne 3,	198	6	6:55	5 M
	3. SEX		4. R	ACE		5. DATE C			6 AGE IN	EARS LAST BIRTI	HDAY)	IF UNDER 1 YEAR	IF UNDER 2	24 HRS
		Female	Chief e	White	9	Api	ril ño	1 9 0 9	77		YRS.	MONTHS DATS	HOOKS	MIN,
Н	7s. BIR	THPLACE INTALE OR F	OREIGN 76	CITIZEN OF V	VHAT COUNTR	NAPPIEI	NEVER A	AARRIED -	9 BALTIMO	RE CITY OF	COUNT	OF DEATH	-	
2		Md.		U.S	.A.	WIDOWE		VORCED	В	altim	nore	City		MD.
1		TY OR TOWN OF DEA			OSPITAL, NUR		R OTHER INST	ITUTION		OCCUPATION FOR MOST OF			OF BUSINES	SSOR
		altimore		Merid:	ian Nr	sg Cer	nHam	ilton		ograp		Stat		Md.
5	USUA 13a S1	L RESIDENCE (IF NURS) TATE Md.	13b COUNTY		Balti	NWC	13d. INSIDE C	NO [	13e.STREET 423			ck Ave	. 21	206
И	HA FAT	THER'S NAME	MIDE	DLE	LAST			MAIDEN NAA	WE	MIDDLE		LA	5.7	1
1		Gustav			Endre			Caro	oline			Goe	ller	10
		AS DECEASED EVER ES. NO OR UNKNOWN]	IN U.S. ARMED		214-2	2-237	Robt	. Coll	lins	(husb		same	add	ress
		Conditions, if any, gave rise to intercourse out stating underlying course.  PART 2. OTHER SIGN.	ediate g the last	DUE TO, OR  DUE TO, OR  (c)	AS A CONSECUTIVE AS A CONSECUTIVE BUTTING T	DUENCE OF	PLOT	i= #	FIG EXR:	T Di	SEA	SE IN PART I	a.	
1	CERTIFICATION	THE DATE OF OPERAT	ION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFO	RMED	20e AUTO	DPSY?	IN CERTI	S, WERE FINDI		H?
	MEDICAL	21a. ACCIDENT WAS UND OR CONTRIBUTING CHE EITHER NOTIFY MEDIC  THE EITHER NOTIFY MEDIC  THE Certify that (I) Saw the decease above, (I) (we) (d	AUSE OF DEATH (AL EXAMINER)  (this hospital)  and alive an	P.N. 21e PLACE C LAT HOME, STRE	A. MONTH A. DF INJURY ET, FACTORY, OFFIC  deceased from	19 (E, FARM, ETC.)	211 LOCATION STREET AND THE MET AND THE ME	(aur) opinion d		city OR TOW	te and hau	COUNTY  19  27c. DATE  6-4	that (I) (w	
1		226. PHYSICIAN'S NA	/	Gambo	a Sr.		22e ADDRES				ALV [			
	(5	URIAL, CREMATION,		3b. DATE 6/6/8	6 G	arden		aith		î timo		COUNTY	Mđ	ATE
	74. FUI	3331 Br	ek Fu ehms	neral Lane,	Home, Balto	Inc.	21213		JN 6	1986	Sh REGIS	TRAR'S SIGNA	TURE	Min

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR A should be detached for use with the State Dept. of Miss

CERCIMY INSUFFICIENTY THE LOUDE HERET THEFT

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FOR - STATE DEPARTMEN

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 6 REG. NO.	21.00	6	Edward W	6.
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	REGISTRAR			CERTIF	ICAIL OF PLATE		REG. NO	0.		
	DECEASED NAME FIRST	٨	AIDDLE	A.	LAST	20. DATE	OF DEATH	MONTH D	86	26 HOURS
3 0	YPE OR PRINT) Lillia	4 RACE		5. DATE C	DE BIRTH	A AGE U	IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	F	В		MONTH	15 26	59			ONTHS DAYS	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	- D MEYER HARRIED	9 BALTIN	ORE CITY O		OF DEATH	
M	IARYLAND	U.S.A.		WIDOWE	D NEVER MARRIED  ED DIVORCED	. 1	Salti	nore	-Cita	1 MD.
10	Bakmore.	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET A DENT HOSP	G HOME (	OR OTHER INSTITUTION		AL OCCUPATE ORK FOR MOST O			F BUSINESS OR
13a M	DUAL RESIDENCE (IF NURSING HOME OF B. STATE  IARYLAND		GIVE RESIDENCE BEFORE  134 CITY OR TOWN  BALTIMO	N	134 INSIDE CITY LIMITS	2218	ADDRESS BROOK	FIELD	AVE. 2	21217
	FATHER'S NAME HENRY	WIDDIE	EVANS		VIRGINIA		MIDDLE	7	WILLÎ	LAMS
160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMANT		ADDRE	SS		
	NO		21524379	7	JUNE CONAW	VAY 2218	BROOK	FIELD		
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per	line for (a), (b), and	0 0		1+			BETWEEN	ONSET AND DEATH
1		TE CAUSE (a)	Cardio.	- Puls	nonary 1	4rrso1			-	
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	cause (a), stating the underlying cause last	DUE TO, OF	AS A CONSEQUE	NCE OF					100	
	onderlying coose lost	(c)								
Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	1	EATH BUT	NOT RELATED TO THE T	ERMINAL DISE	ASE OR CON	DITION GIVE	N IN PART 1	O
CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AU	TOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
18						YES	NOU	IN CERTIFY YES	YING CAUSES	OF DEATH?
- E	210 ACCIDENT WAS UNDERLYING	216. TIME O			21c. HOW INJURY OC		J. Laured			
	00.00.130.01.00.00	NIII	M. MONTH DA	Y YEAR						
MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION STREET		CITY OR TO	1446)	COUNTY	STATE
×	WHILE NOT WHILE AT WORK	(AT HOME STR	EET FACTORY OFFICE, F	ARM ETC )	STREET		CITYONTO	W/14	COONTY	STATE
	22a.1 certify that (1) (this haspi	tal) attended the	deceased from_	(0)	19 19 1	6 . to_	6/9	1	9 86	that (II (we) lost
	sow the deceased alive an above, (1) (we) (did) (did no	ti view the body	ofter depth.	86 , 01	nd that in (my) (aur) apir	nion death occur	red on the do	ote and hour	and from the	couses stoted
	226. SIGNATURE	4 . /			DEGREE				22c. DATE	SIGNED
	Eleanor 1	4. Hixon	1 1	10	ATTENDIN PHYSICIAI		OR PHYSIC		6/9	186
	224 PHYSICIAN'S NAME (TYPE	R PRINT)		. `	22e ADDRESS		1	0	()	
	Eleanor	. Hixo	n	MD.	3100 10	o wan	da Au	re Ba	H. ML	) 21215
230	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATO				COUNTY	STATE
L	BURIAL	6-13-	86   F	KING			ALTIMOF		M	ARYLAND
24	FUNERAL DIRECTOR		ADDRESS.			DATE REC'D. B	REGISTRAR	SHOW !	and design	MALE
	WM.C.MARCH F/H	INC. 110	I E.NORTH	AVE	NUE	JUNIA		0		

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN The low retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicial should be detached for use as the burial-transit permit. Then please remove carbon papers, with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumofic event, the



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E. Longmondow X 75 Pleasant St. 01028

011-76-2519 Janua Sears, 2708 Overland Tve.

Zarial 7-2-86 St. Hebels 14.

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injury, or other troumatie

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MPORTANT: If Item 21 is marked ar

DHMH - 16 60M 7/84 (VRA 15, 4)

CERTIFICATION

00-0943

may be

FOR

- STATE REGISTRAR 1. DECEASED NAME

(TYPE OR PRINT)

To. BIRTHPLACE

FATHER'S NAME FIRST

CITY OR TOWN OF DEATH

(STATE OR FOREIGN

imore

USUAL RESIDENCE (IF NURSING HOME OR OTHER INST

WAS DECEASED EVER IN U.S. ARMED FOR

Conditions, if ony, which gove rise to immediate cause (a), stating

underlying cause

19a. DATE OF OPERATION

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

AT WORK

21a. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

220 I certify that (I) (this haspital) atten

saw the deceased alive an

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

CAUSE OF DEATH (Enter only one co PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITION

3. SEX

\$300 HARFORD

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	REG. NO.	6 4 6 2
FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH DAY	10.100%
RACE  OREIGN 76 CITIZEN OF WHAT	5. DATE OF BIRTH MONTH DAY YEAR COUNTRY? 8.	MOM	WINDER I YEAR FUNDER 24 HRS
	MARRIED WIDOWED DIVORCED  TAL, NURSING HOME OR OTHER INSTITUTION TY, GIVE STREET ADDRESS)	Baltimore  170 USUAL OCCUPATION LYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR INDUSTRY
BALTIMOR B	ITY OR TOWN 13d. INSIDE CITY LIMITS  RRY HALL YES NOTHER'S MAIDEN	9511 Hickory	HURST DR.
N U.S. ARMED FORCES? 166 SI	OCIAL SECURITY NO. 17 INFORMANT 3-09-1709 FAMIL	ADDRESS  Y RECORDS	O'Lonnor
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which (b) He	CONSEQUENCE OF	a of the Lung	Disposel4/81
Dependent ()	Suting to DEATH BUT NOT RELATED TO THE TE		
ION I 196 CONDITION F	FOR WHICH OPERATION WAS PERFORMED		FINDINGS USED  IG CAUSES OF DEATH?  NO [
AUSE OF DEATH ALEXAMINER)  21 Ib. TIME OF INJU HOUR A.M. N P.M.		URRED (ENTER NATURE OF INJURY IN 11EM 18 PART	I OR PART 2)
ED 21e. PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
this haspital attended the dece	19 87 and that ir (our) opini	on death occurred an the date and hour or	
1.00	MO MO ATTENDING PHYSICIAN		DATE SIGNED
ME (TYPE OR PRINT)	270 ADDRESS Loch Ra	ver Vehrais Admiss	taki Hospiki
236. DATE	BALL CORE	23d LOCATION CITY OR TOWN	OUNTY MORYLAND

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

0015	1-	STATE REGISTRAR			DEPARTN		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 5		Ó 6	0 0
0013		CEASED NAME	FIRST		WIDDLE	LA	51		MONTH DA	Y YEAR 21	HOUR
600	TITTE	OR PRINT)	EDWAR	D	c. c	ONNOLI	.Y	6/28/86	6-28	86 -	7.50AM
2.0	3. SE		4 R	ACE		5. DATE OF	BIRTH YEAR	6 AGE IN YEARS LAST BIR	THDAY) IF		UNDER 24 HRS
1		Male		White	9	Feb	7, 1935	51	YRS	, , , , , , , , , , , , , , , , , , ,	OURS MIN.
2 -57		RTHPLACE (STATE OR F	OREIGN 7b. (	CITIZEN OF	WHAT COUNTRY?	8. MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY O	F DEATH	
32	-	aryland		U.S.A		WIDOWED	DIVORCED X	BALTIMO		and the same of th	Wi
44	10 CI	BALTTMORE	тн  11.	(IF NOT IN SUC	HOSPITAL, NURS IN THE FACILITY, GIVE STREET A	ADDRESS)	PITAL	(TYPE OF WORK FOR MOST O		126 KIND OF B INDUSTRY Truck	
120	130. S	al residence (if nursi state VId.	NG HOME OR OTH	ER INSTITUTION	N Balt	N I	13d INSIDE CITY LIMITS? YESX NO	13 STREET ADDRESS 4320 Cla	ZIP CODE reway	212	13
2010	14.FA	THER'S NAME	MIDD	H.F.	LAST		15. MOTHER'S MAIDEN NAM			LAST	
		Thoma		. Co	onnolly		Clara			Billi	ngs
H de l		VAS DECEASED EVER	IN U.S. ARMED		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SSeve:	rn, Md	. 21:
2 1		NO			217 30	3930	Thomas J.	Connolly	7920	Andori	ck D
lease remove ca sol, cremation, a av ather trauma	33.4	Conditions, if any, gave rise to immore the course (a), stating underlying cause	g the last.	1b) DUE TO, O	R AS A CONSEQUE  R AS A CONSEQUE  LMA	NCE OF	ilue total				3
100	NO	.1	HEICANT CON	DITIONS CO	ONTRIBUTING TO D	DENTH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 11a	
La Contract	FICAT	190 DATE OF OPERAT	en sign		ITION FOO WHICH		WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
ontal Hydrogen	CAL CERT	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH		FINJURY M. MONTH DA M.	AY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T   OR PART 2)	
nked or	MEDIC	21d INJURY OCCURR	ILE .		REET, FACTORY, OFFICE FA		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
of Healt		220-1 certify that (1) saw the decease above, (1) (we) (d	d plive pn	6 /d	X 19 X		that in (my) (Dur) Dpinion o	depth accurred on the do	te and hour o	_	it (I) (we) lo
ote D. or IT. If		22b. SIGNATURE	O MO			D	EGREE ATTENDING PHYSICIAN	MEDICAL STAI		6-28-	86
TA SE		22d PHYSICIAN'S NA	ME (TYPE OR PRI	NT)			22e ADDRESS				120
£ 0		NKODO	M.D.				UNION MEMO	RIAL HOSPIT	AL		

DHMH - 16 60M 7/84 (VRA 15, 4)

23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION

Glen Haven Mem Pk

STATE OF MARYLAND

Glen Burnie

Md.

A.A.

24 FUNERAL DIRECTOR BALTO, MD. George J. Gonce 4001 Ritchie Hwy

7/1/86

230. BURIAL, CREMATION, REMOVAL

Burial

JUN 30 1986

To the transfer of the second of the second

PARTIES VILLE VILL

R-TITE ALLE IN SECTED SECTION OF THE SECTION OF THE

ME 43737

To want to took of the service of th

### DECEASED NAME MIDDLE TYPE OR PRINT poge : 3 SEX 4. RACE 5. DATE OF BIRTH MONTH To. BIRTHPLACE (STATE OR FOREIGN THE CITETION OF WHAT COUNTRY? MARRIED MEYER WARRIED AOYNTRY) WIDOWED politied 10. CITY OR JOWN OF DEATH MAME OF HOSPITAL, NURSING HOME OR OTHER IN F NOT IN SUCH FACILITY, GIVE STREET ANDRESS) filed MARYLAND 21201 USUAL RESIDENCE (IF NURS TO HEM OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) should be 130 STATE COUNTY 13d. INSIDE YES [ IL FATHER'S NAME 15 MOTHE MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? BALTIMORE, 166 SOCIAL SECURITY NO. 17 INFORA nding physician and corbanpopers. Pages (YES, NO OR KNOWN) (IF YES, GIVE WAR OR DATES) edi 18 CAUSE OF DEATH (Enter only one couse per line form, (b), and ici.) PART I. DEATH WAS CAUSED BY ST IMMEDIATE CAUSE (o)\_ PRESTON DUE TO, OR AS A CONSEQUENCE OF offe Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR ASA CONSEQUENCE OF 3 pleose underlying couse lost. 10 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT DIVISION OF VITAL RECORDS, CERTIFICATION 0 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER the buriol-tronsit per and Mental Hygiene sho 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21r. HOW PHYSICIAN: Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF GEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 2H. LOCA õ AT HOME STREET FACTORY OFFICE, FARM, ETC } morked MOT MHITE WHILE ATTENDING AT WORK ò 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on 76.560 3 obove, (1) (west did) (did not) view the body after death DIRECTOR and that in (m should be detached for with the State Dept of If Hem DEGREE FUNERAL MPORTANT. IZE PHYSICIALS FAME (TYPE OR PRITY) 22e ADDR

230 BURIAL, CREMATION, REMOVAL

Ulmation 24 FUNERAL DIRECTOR

(SPECIFY)

236 DATE

3-5-86

23c. NAME OF CEMETERY O

FSKMC

ADDRESS

FOR

REGISTRAR

- STATE

0

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2g, DATE OF DEATH

ISTITUTION	(TYPE OF WORK OF MOST OF	WORKING LIFE)	A
NO		ZIP GODE 3-4	JAR Pour
FIRST AG	MIDDLE	9/0	AST /
AANT .	ADDRE	55	
y arr	est	APPRO	NONSET AND DEATH
bstruck	, m		
emelitie	softense	11405	
ED TO THE TERM	INAL DISEASE OR COND	DITION GIVEN IN PART	Iro
ORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
ION ET	CITY OR TOW	VN COUNTY	STATE
y) {our} opinion (	to 1767 96 death occurred on the do	te and hour and from th	, that (I) (we) last se couses stated
ATTENDING, PHYSICIAN	MEDICAL STAF	F _ 2	E,SIGNED
Kester.	n Ca		
R CREMATORY	23d LOCATION CITY OF TOWN	COUNTY	STATE
250. DAT	REC'D. BY REGISTRAR	St. REGISTRAR'S SIGNA	TURE

0

(IN YEARS LAST BIRTHDAY)

9 BALTIMORE CITY OR COUNTY OF DEATH

6 AGE

86AR

DIMORCED

REG. NO.

26. HOUR

IF UNDER 24 HRS

MD.

06

IF UNDER I YEAR

	-		-	
STATE	Uŀ	MA	RTI	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

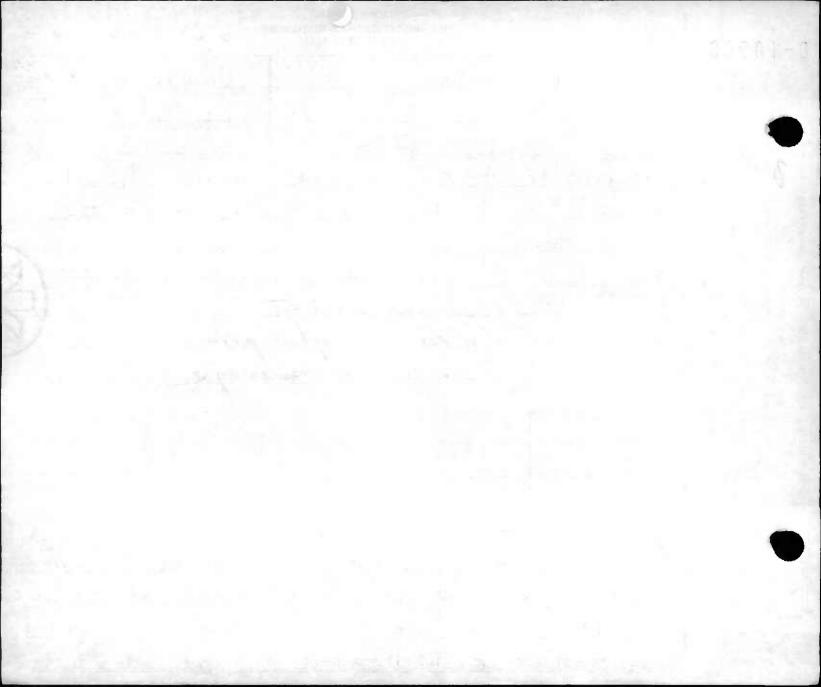
8 6 REG. NO.	į	6	es eff	6	60
OF DEATH MONTH	DAY	VEAD	21	HOUR	

- STATE REGISTRAR			CERTIFI	CATE OF DEATH	RE	G. NO.		
L DECEASED NAME FEST	2	IDDLE	LA	ST	20. DATE OF DEA	H MONTH	DAY YEAR	26 HOUR A
Bessi	e Ca	roline	COO	OK	Ju	ne 23	1986	# .13 M
1, 5EX	4. RACE		5. DATE O	F BIRTH	6 AGE IN YEARS LA	ST BIRTHDAY)	MONTHS DAYS	
Female	Whit	е	Noz		93.	YRS		HOURS MIN,
THE BIRTHPLACE INTAIL DESCRIPTION	75 CITIZEN OF V	WHAT COUNTRY?	8		9 BALTIMORECI			
Unknown	IISA		WIDOWE	DIVORCED DIVORCED	C.7	- 5		MD
IS CITY OF TOWN OF HEATH	11. NAME OF H	OSPITAL, NURSING		R OTHER INSTITUTION	12a USUAL OCCU	PATION	12b KIND	OF BUSINESS OR
0.04.00	(IF NOT IN SUCH	FACILITY, GIVE STREET A			(TYPE OF WORK FOR M		LIFE) INDUSTRY	Y .
SOAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	Im 0/4	- General	Salespe	rson	Dra	peries
ISE STATE ISE CO	UNIX	Tal CITY OR TOWN	4 1	134 INSIDE CITY LIMITS?	13e.STREET ADDR			
Maryland		Baltimor	e	YES NO	3 N. Mon	roe St.	reet, 2	1223
14. FATHER'S NAME	H4018	LAST		15 MOTHER'S MAIDEN NA	WE	LE	1.	AST
Un	known				Unkn			
166 WAS DECEASED EVER IN U.S. 1911 NO OR UNINDWN 1 (6 YES.	ARMED FORCEST	INE SOCIAL SECUR	ITY NO.	17 INFORMANT	A	DDRESS		
No	OHE PAR GROWING	212-07-9	212	Shirley J. C	ook, 3 N.	Monro	e St.,	21223
II CAUSE OF DEATH (Enter	note one course per		THE REAL PROPERTY AND ADDRESS OF THE PARTY AND				APPRA	XIMATE INTERVAL N ONSET AND DEATH
PART L DEATH WAS CAU	ISED BY	Cash		Resid			ger weter	OHIET KIND DEKIN
IMMED	SATE CAUSE (III)		ev.	0000				
	DUE TO, OR	AS A CONSEQUE	NCE OF	_ / /	1			
Conditions, if any, which	( b)	HYPOX	16	- acophas	OpelTh			
gove rise to immediate	0,	111			1			
course is stating the underlying course last.	DUETO, OR	AS A CONSEQUE	NCE OF	. 1	,			
underlying couse lost.	(c)	Sub a	rac	noid hem	mags	2		
PART 2. OTHER SIGNIFICAN	IT COMPITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION	GIVEN IN PART 1	lia
CERTIFICATION  THE DATE OF OPERATION  THE DATE OF OPERATION								
S IN DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b IF Y	ES, WERE FIND TIFYING CAUSE	INGS USED
E	100				YES NO		YES	NO [
710. ACCOUNT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM T	8 PART I OR PART 21	
THE CONTRACTOR OF THE PARTY OF								
THE INJURY OCCURRED	21e PLACE C		.19	211, LOCATION		_		
T tens to all tens T		EET, FACTORY, OFFICE FA	RM ETC )	STREET	CITY	ORTOWN	COUNTY	STATE
AT WORL AT WORL								
							-	
220.1 certify that (1) (this ho	1		Jeh	0 5 19 86				, that (I) (we) last
sow the deceased alive	on June	23 19	46, on	0 5 , 19 8 d that in (my) (aur) opinion				
	on June	23 19					our and fram th	
sow the deceased alive obove, ([] (we) (did) (did	on June	23 19		d that in (my) (aur) opinion DEGREE ATTENDING	death occurred on t	he date and h	our and fram th	e causes stated
sow the deceased alive obove, (I) (we) (did) (did III STONALURE	on the body of the	23 19		d that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN [	death occurred on t	he date and h	our and fram th	e causes stated
sow the deceased alive obove, (1) (we) (did) (did	not) view the body	otter death		d that in (my) (aur) opinion DEGREE ATTENDING	death occurred on t	he date and h	our and fram th	e causes stated
sow the deceased alive obove. (1) (we) (did) (did)  The SHONAL ONE  THE PHYSICIAN 5 NAME (THE SCOTT E	on June on the body of the bod	otter death	MO	d that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS	MEDICAL DIRECTOR PH	he date and h	our and fram th	e causes stated
sow the deceased alive obove. (1) (we) (did) (did) 1715 SEDNA (URE)  SCOTT E  230 BURIAL, CREMATION, REMOV	on 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	etter death	MO AME OF CE	d that in (my) (aur) opinion DEGREE ATTENDING PHYSICIAN [ 17e ADDRESS  METERY OR CREMATORY	MEDICAL DIRECTOR PH	STAFF LYSICIAN	our and fram th	e causes stated
sow the deceased alive obove. (1) (we) (did) (did) The SIGNALORE THEFT SCIANS NAME (III) SCOTT E	on June on the body of the bod	etter death	MO AME OF CE	d that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN [ 27e ADDRESS	MEDICAL DIRECTOR PH	STAFF YSICIAN	our and fram th	e causes stated
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sow the deceased alive obove, (h) (we) (did) (did)  3. SIONAURE  SCOTT E  23. BURIAL, CREMATION, REMOV (SPECIFY)  Burial	Cood-AL 23b. DATE 6/25/	Errende Parkers	MO AME OF CE Dudon 2122	d that in (my) (aur) opinion DEGREE  ATTENDING PHYSICIAN  172e ADDRESS  METERY OR CREMATORY PARK Cemeter 29  125a. DAT	MEDICAL DIRECTOR PHONE PROPERTY PROPERT	STAFF YSICIAN  VER  VN  Ore  RAR 256. REG	22c. DAT	e causes stated E SIGNED 2 3/86 Sultumer Maryland

DHMH - 16 60M 7/84

WAPORTANT: # 1

(VRA 15, 4)



<u> </u>	10313	1	FOR - STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO.	1 6		5 0
	oy be deoth C		CEASED NAME	FIRST	tense	MIDDIE	l	Gook	2a DATE	OF DEATH MONTH	22	86 2b	HOUR
	tor, po	3. SE	Female		BLA	rct	5. DATE C	F BIRTH 2 1918	1 6	N YEARS LAST BIRTHDAY)		DAYS HO	URS MIN.
	IL ST		IRTHPLACE (STATE OR FO COUNTRY) 1ARYLAND	REIGN	76. CITIZEN OF	<ul><li>A .</li></ul>	SAR!	DE DIVORCED [	7 7	altimov	(	Lity.	M
K	1 1 42	/	Baltimore	Н		HOSPITAL, NURS II		R OTHER INSTITUTION	Cosm	ALOCCUPATION PORK FOR MOST OF WORK!! Natologist	NG LIFE) INDL Bea	utv S	isinėss or hop
AND 2	filled mould be	USU 13a.	AL RESIDENCE (IF NURSIA	36 COUN		BALTIMO	/N	138. INSIDE CITY LIMITS	13e.STREE	T ADDRESS / ZIP C 1005 Balt	<sub>cobε</sub> 2501 imore,	Viol Md.	et Av 21215
MARYL	mpletely and sk	14. F.	Charles		MIDDLE	Middlete	วท	15. MOTHER'S MAIDEN Ethel		MIDDLE		ndsey	
IMORE,	n one course in		WAS DECEASED EVER II YES, NO OR UNKNOWN) NO •		MED FORCES? E WAR OR DATES)	215 - 18		Mrs. Marlene Bar	2 rett E	2501 <sup>∆D</sup> VŤ̃õle Baltimore,	Maryl	and 2	1005 1215 INTERVAL TAND DEATH
₹ .	that the deoth certificate d by the attending physici lease remove corbon poper ial, cremation, or removal.		Conditions, if ony, gove rise to imm couse (o), storing underlying couse	which ediote the	DUE TO, O	Resp RAS A CONSEQU Metast RAS A CONSEQU	itic	& Failure Breast Ca		ia			
ORDS, 20	en signe Then p or to bur	TION						NOT RELATED TO THE TE			GIVEN IN P.		
AL REC	ysicion. ysicion. cote hos be consit permit Hygiene prici 18 shows pny	CERTIFICATION	19a DATE OF OPERAT				OPERATIO		YES [	NO P	RTIFYING C.	AUSES OF	
DIVISION OF VITAL RECORDS, 201	ng ph ng ph riol-t riol-t fem	MEDICAL CE	210. ACCIDENT WAS UNDER OR CONTRIBUTING (FETHER NOTIFY MEDIC.  216. INJURY OCCURRI	USE OF DEA	TH HOUR A.	M. MONTH D M.	AY YEAR	21c HOW INJURY OCC	URRED (ENTER	NATURE OF INJURY IN ITEM	A 1B PART I ORP	AR1 2)	
DIVISIO	After this e os the buoth of the ond Manager A	MEC	WHILE NOT WHILE	E 🔲	(AT HOME ST	RFET, FACTORY, OFFICE.		STREET		CITY OR TOWN	cou	,	STATE
	CTOR: After use a spiral of Heol		220 I certify that (I) ( sow the decease above, (I) (we) (di	d olive on	6-2	-2 19	86_,0	d that in (my) (our) opini	on death occu	rred on the dote and		om the cous	C 470.00
	by the hore by the hore detoched Stote Depth ANT: If there		22b. SIGNATURE Dani			an Do		ATTENDING PHYSICIAN		STAFF DR PHYSICIAN		DATE SIG	
	eforned by TO FUNER should be with the Sit		22d. PHYSICIAN'S NA	riel	CHRI	an s	20	THE ADDRESS	2001	CATION			

BP.

DHMH - 16 60M 7/B4 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL Burial 6/27/1986 24 FINDERTERCTOR SONS FUNERAL HOME, DINC.

234 NAME OF CEMETERY OR CREMATORY 23d. LOCATION

Arbutus Memorial Park Baltimore, Mary
TNC 7250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Baltimore, Maryland

Die la Caretta El San AND THE REST OF THE PARTY OF TH 

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ö Ö REG. NO.	Ì	6 a.	6	1
ATE OF DEATH MONTH	DAY	YEAR	2h. HOUR	

	1 - ST/ REG			DEPART		FICATE OF DEATH	CIENE O O REG. NO	ì	6 4.	6 /	
	1. DECE AS	SED NAME FIRST		WIDDLE		LAST		MONTH DA	AY YEAR	26 HOUR	
	(TIPE OR PE	JOSEPH	Joh	n	COO	K	JUNE 13, 19	986		10:24 <sup>A</sup>	
	3. SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRT	HDAY) (F	F UNDER I YEAR	IF UNDER 24 HRS	
	,	M	W		Nov		66	YRS. MC	ONTHS DAYS	HOURS MIN	
7	76. BIRTHE	PLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O		OF DEATH		
G N	COUN	PLACE (STATE OR FOREIGN	USA		WIDOWE	At the second se	BALTIMORE	CITY		MD	
3		OR TOWN OF DEATH	LI. NAME OF	HOSPITAL, NURSI	NG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATE	NC		BUSINESS OR	
and (r)	B/	ALTIMORE		CHEACILITY, GIVE STREET OHNS HOPK		OSPITAL.	Miner	WORKING LIFE)		al	
ý	JSUAL RE	SIDENCE (IF NURSING HOME OF	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				al	MARIA	
	13a. STAT	Pa.	NIY	Central		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /		1592	6///	
1		R'S NAME	71	TOCHCLAI	CICY	15. MOTHER'S MAIDEN NA		er or.			
		John (	MIDDLE	LAST		FIRST HOLO	n Kupestens	lese	LAST		
6	IAn WAS	DECEASED EVER IN U.S. AF		166 SOCIAL SEC	IRITY NO	17. INFORMANT	ADDRE				
>			VE WAR OR DATES)	162 18		Mulcahy Fune			7 01	D-	
)						Mulcany Fune	rai nome	centra	l City		
	18, 6	CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per ED BY:	r line for (o), (b), or	A .	_				MATE INTERVAL	
			TE CAUSE (o)	Cordiae	Arres	, [			1 60	UF	
			DUE TO, O	R AS A CONSEOU					7		
		Conditions, if any, which (b) Itarenal cortical carcinoma								- Jeans	
		use (o), stoting the derlying couse lost.	DUE TO, O	R AS A CONSEQU					14.1.	2	
			(c)		creatif	~			11COL6	V DESIG	
		0 0	the state of	1		NOT RELATED TO THE TERM					
_	CERTIFICATION 190.	Kenal tailure		atory insu			nal sepsis, pn			00.11050	
4	5 140.		196. COND	IIION FOR WHICH		NWAS PERFORMED		IN CERTIFY	WERE FINDING ING CAUSES (	OF DEATH?	
Č.	Ē L	6-13-86		ca abdomin	al Sep		YES NO	YES		NO 🗌	
1	1 00	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		OF INJURY .M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	et I ORPART 2)		
	CAI	FEITHER NOTIFY MEDICAL EXAMINE	R) P.	.M.	19						
	WEDICAL 21d.	INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
		VORK NOT WHILE									
	220	I certify that (I) (this hosp		ne deceosed from	01	23- 19 86		, 19		hot (1) ( <del>we)</del> -lost	
		sow the deceased alive or	6-/3	affer death.	86	nd that in (my) (aur) opinion	death occurred on the do	te and hour o	and from the c	auses stated	
	22h	SIGNATURE	110	,		DEGREE	3		22c. DATE S	IGNED	
	-	Maria	alle	) W	2	ATTENDING	MEDICAL STAF		laca	3-86	
	226	PHISICIAN'S NAME (1996	OR FRIENTS			22e. ADDRESS					
		MARIA A	4440			Usl 624 Deet !	Jury JHH 60	1 NW	olfest "	Balto 2120	
	23a. BURIA	AL, CREMATION, REMOVAL	23b. DATE	23c.	NAME OF C	CEMETERY OR CREMATORY	73d. LOCATION	-	al City		
	Bi	ürial	6/16	5/86	Dale	y Cemetery	Cairnbro				
	24 FUNER	RAL DIRECTOR					E REC'D. BY REGISTRAR				

DHMH - 18 60M 7/B4

TO HOSPITAL

(VRA 15, 4)

MITCHELL-WIEDEFELD HOME, INC.

6500 York Rd. 1250 DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

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UNERAL DIRECTOR. After this certificate has been signed by the offending physician and sampletely filled in by the funeral direct	Id be denothed for use as the burial-transit perms. Then please remose corbon papers. Pages 1 and 2 should be filed within 72 hours o		
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· CY	-	Poll	
4	Pe	S	
5	P	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIS

NE	ò	O REG.	NO.	-	6	e eg	ó	G
2a D	ATE OF	DEATH	MONTH	DAY	YEAT	R 2	b HOUR	9

- STATE REGISTRAR			CERTIF	ICATE OF DEATH	O O REG. N	0.	0 .	9 0 0
I. DECEASED NAME FIRS	ellie	MDDLE	0	ansi Do K	20 DATE OF DEATH	нтиом	12 86	3 50 H
3. SEX	4 RACE		S. DATE O		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER 1 YEA	
Female	Black			15/1900	85	YRS	MONTHS DATS	MOURS MIN.
70. BIRTHPLACE (STATE OR FOREIG COUNTRY)  Md.	76. CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWI	D MEVER MARRIED DIORCED	Baltimore City o			MD
10 CITY OR TOWN OF DEATH  Baltimore	Sain	t Agnes	Hosp:		120. USUAL OCCUPATION OF STATE OF WORK FOR MOST OF House Wil	F WORKING		OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HO 136, STATE 136 (	OUNTY	GIVE RESIDENCE BEFORE 131. CITY OR TOW Baltimor	N	13d INSIDE CITY LIMITS? YES 的 NO 🗌	13e STREET ADDRESS . 2640 Rids			230
14. FATHER'S NAME FIRST  James	Truitt	LAST		Winnie	ME MIDDLE	Trui	itt	AST
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) (IF Y	S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECU 217-18-1		17. INFORMANT Lloyd Cook	2640 Ridg		St. 212	30
PART I. DEATH WAS C IMM Canditions, if ony, whit gave rise to immedia cause (a), stating ti underlying cause lo	DUE TO, OF	AS A CONSEQUE Chemic AS A CONSEQUE WHE 3	NCE OF	deblitation	- aney			
			DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART 1	la
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYR	196 CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? YES NO	ES, WERE FIND IFYING CAUSE YES [		
OR CONTRIBUTION CONTRE	OF DEATH HOUR A.	M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM IB	PART I OR PART 2)	
(IF EITHER NOTIFY MEDICAL EX.	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
22a I certify that (I) (this saw the deceased ali abave, (I) (we) Idid) (c	ve on	6/4 19		nd that in (my) (aur) opinion of DEGREE	deoth accurred on the de	-		that (I) (we) last the causes stoted E SIGNED

23a. BURIAL, CREMATION, REMOVAL Burial

236. DATE 6/17/86 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

22e ADDRESS

ST. AGNES

23d LOCATION
CITY OF TOWN
Brooklyn

Md.

24 FUNERAL DIRECTOR

Chas.A.Rice FSPA 1300 Eutaw Place

IEFFENBACH

A.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN

TO HOSPITAL

BP.



00	n-4	0	8	5	6	4
DIVISION OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMORE, MARYLAND 2 (80)		TO NOVITAL OR ATTENDED PHISILIAN THE GAY REQUIRE THE SELECTION OF SECURED WITH A	TO FINERAL DIRECTOR After the certificate has been unamed by the offending shource and completely tree for the transfer one-cay	should be detected for use on the bundit natural permit. Then please nationapopers. Pagent 1 and 2 throughout a tribing? hours offer death	with the Stote Diept, of Health and Mental Hygiene prior to burnel, premarked.	IMPORTANT: If them 21 is morked or from 18 shows any injury, or other traumotic event, the medical examiner must be activated at other 15

(VRA 15, 4)

1								
1	FOR  STATE  REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	0 0		6	- /
	ECEASED NAME FIRST	MIDDLE	LA	IST Corres	REG. NO		YEAR	2b. HOUR
	PE OR PRINT) Car	1 н.	Con	rrea		4)4	186	3:15
3. S	EX	4 RACE	5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIRTI	IDAY) IF L	INDER I YEAR	IF UNDER 241
	Male	White	Apri	1 4, 1906	80	YRS.	IIHS DAYS	HOURS
70	BIRTHPLACE I STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	2 8.	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF		
1	Maryland	U.S.A.	WIDOWED	D DIVORCED	Baltimor	e City,	•	
10.	Baltimore	11. NAME OF HOSPITAL, NURSING THE NOTICE OF THE STREET			N 126 KIND OF BUSINESS WORKING LIFE) INDUSTRY Salesaan			
130		ME OR OTHER INSTITUTION GIVE RESIDENCE BEFOR OUNTY 13c. CITY OR TOV	VN	13d INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / 4808 Ar		venue	21214
14.	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			LAS	
X	Karl	Corr		Wilhelmi	ina		Hil:	
160	WAS DECEASED EVER IN U.S.  (YES NO OR UNKNOWN) (IF YE)	S GIVE WAR OR DATES!		17 INFORMANT	ADDRES			
	No	212-22-5	323	Myrtle E. (	Correa 4808	Arabia		
	18 CAUSE OF DEATH Ent	er only one cause per line for (o), (b), or AUSED BY:	nd ic				BETWEEN	MATE INTERV
	gove rise to immediat cause (a), stating th underlying cause last	DUE TO, OR AS A CONSEQU	JENCE OF		etermined e	- )		
NOI	cause (a), stating the underlying cause loss	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 1	•
IFICATION	cause (a), stating the underlying cause loss	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO	DEATH BUT I	not related to the term	inal disease or cond mined etiple 200 AUTOPSY?	200 IF YES, W	ERE FINDIN	NGS USED S OF DEATH
CERTIFICATION	PART 2. OTHER SIGNIFICA	DUE TO, OR AS A CONSEQUENT CONDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	DEATH BUT IN	not related to the term	inal disease or cond mined etiolo 200 autopsy? YES NO	200 IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED
AI CERTIFICATION	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  P'. A  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  19b CONDITION FOR WHICH  G	DEATH BUT IN THE MEM STATE OF THE MEM ST	NOT RELATED TO THE TERM  OF unde ter  N WAS PERFORMED	inal disease or cond mined etiolo 200 autopsy? YES NO	200 IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	NGS USED S OF DEATH
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- Land	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  P': A b  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXA  21d. INJURY OCCURRED  WHILE AT WORK  AT WORK	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  PARTITIONS OF INJURY HOUR A.M. MONTH D P.M.  216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE,	DEATH BUT IN THE PROPERTION AY YEAR	NOT RELATED TO THE TERM  OF UNDER TERM  WAS PERFORMED  71c. HOW INJURY OCCURR  21c. LOCATION	INAL DISEASE OR COND  100 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJURY)	ITION GIVEN  29 Y  20b. IF YES, W IN CERTIFYIN  YES [ IN ITEM 18, PART	VERE FINDING CAUSES	NGS USED S OF DEATH NO
- Land	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  P. A. C.	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  PARTY OF DEATH HOUR A.M. MONTH D P.M.  21b. PLACE OF INJURY (A1 HOME, STREET, FACTORY OFFICE,	DEATH BUT IN THE MENT OF THE M	NOT RELATED TO THE TERM  OF UNDER TERM  WAS PERFORMED  71c. HOW INJURY OCCURR  21c. LOCATION	INAL DISEASE OR COND  100 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY)  CITY OR TOW	ITION GIVEN 29 V 20b. IF YES, W IN CERTIFYIN YES [ IN ITEM 18 PART	/ERE FINDING CAUSES	NGS USED S OF DEATH NO
100	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  P. A. C.	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  LOCAL MENT OF INJURY HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE.	DEATH BUT IN THE MENT OF THE M	NOT RELATED TO THE TERM  Of undefer  NWAS PERFORMED  21c. HOW INJURY OCCURR  21l. LOCATION  STREET	INAL DISEASE OR COND  100 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY)  CITY OR TOW	ITION GIVEN 29 V 20b. IF YES, W IN CERTIFYIN YES [ IN ITEM 18 PART	/ERE FINDING CAUSES	NGS USED S OF DEATH NO  STA
100	PART 2. OTHER SIGNIFICA  PART 2. OTHER SIGNIFICA  PART 3. OTHER SIGNIFICA  PART 3. OTHER SIGNIFICA  P 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE CAUSE  (IF EITHER NOTHER MEDICAL EXAMINATION 210. INJURY OCCURRED  WHILE NOT WHILE AT WORK  220. I certify that (I) (this sow the deceased all your open and of the deceased all your open) (I) (we) (did) (d)	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  PARTY OF DEATH HOUR A.M. MONTH D P.M.  21b. PLACE OF INJURY (A1 HOME, STREET, FACTORY OFFICE,	DEATH BUT IN THE MENT OF THE M	NOT RELATED TO THE TERM NOT THE TERM NOT THE TERM NOT	INAL DISEASE OR COND  100 AUTOPSY?  YES NO  RED (ENTER NATURE OF INJURY)  CITY OR TOW	ITION GIVEN 29 Y 20b. IF YES, W IN CERTIFYIN YES [ IN ITEM 18 PART	/ERE FINDING CAUSES  1 OR PART 2)  COUNTY  and from the	NGS USED S OF DEATH NO  STA
- Land	COUSE (O), stoting the underlying couse loss of the lo	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  LEAST HE TOTAL  196 CONDITION FOR WHICH  196 CONDITION FOR WHICH  216 PLACE OF INJURY  (AT HOME STREET, FACTORY OFFICE,  196 On  INTERO OR PRINT)	DEATH BUT IN THE MENT OF THE M	216. HOW INJURY OCCURS  217. HOW INJURY OCCURS  218. ACT INDURY OF INJURY OCCURS  218. ACT INDURY OCCURS  218. HOW INJURY OCCU	INAL DISEASE OR COND  20d AUTOPSY?  YES NOW  CITY OR TOW  deoth occurred on the do  MEDICAL STAFI  DIRECTOR PHYSICI	JOB IF YES, WIN CERTIFYIN YES [ IN ITEM 18 PART	COUNTY	NGS USED S OF DEATH NO That (I) we couses state SIGNED
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MEDICAL	COUSE (O), stoting the underlying couse loss of the lo	DUE TO, OR AS A CONSEQUE  (c)  INT CONDITIONS CONTRIBUTING TO  LEAST MENT AS A  196 CONDITION FOR WHICH  OF DEATH HOUR A.M. MONTH D P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE.  TO SPITED OF PRINT)  LIVE OR PRINT)	DEATH BUT IN THE PROPERTION OF CE	NOT RELATED TO THE TERM NOT RE	INAL DISEASE OR COND  20d AUTOPSY?  YES NOW  CITY OR TOW  MEDICAL  MEDICAL  MEDICAL  DIRECTOR PHYSICI  ON Memorial	ITION GIVEN  20b. IF YES, WIN CERTIFYIN  YES [ IN ITEM 18 PART  IN ITEM 18 PART  HOSPIT	COUNTY  COUNTY	NGS USEI FOR DEAT NO [

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1 64		REGISTRAR		CEKIII	ICAIE OF DEATH	REG. N	Ю.		
		CEASED NAME F	IR5T		AST .	20. DATE OF DEATH	MONTH DA	AY YEAR 26	HOUR
g - 3		Jero	ime c	= Coulb	ourne		6 19	986	50
	3. SE	-A 1	4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIR			OURS MI
100	_	Male		rite 10	20 37	48	YRS		
C OH	/a. B	IRTHPLACE (STATE OF FORE	IGN 76. CITIZEN OF	WHAT COUNTRY? 8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	_	OF DEATH	
100	16 0	PRIVATE	III. NAME OF	HOSPITAL, NURSING HOME		12a USUAL OCCUPAT	not	125 KIND OF B	USINESS
38	5	altimore Ci	the Unite	CHEACILITY, GIVE STREET ADDRESS)			OF WORKING LIFE)		
37	13a.	AL RESIDENCE (IF NURSING STATE	HONE OR OTHER INSTITUTION COUNTY	131. CITY OR TOWN HOOPERSVILLE	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS		7163	24
2 100	Ŋ.E.	ATHER'S NAME		THE CHET THE	15. MOTHER'S MAIDEN NA			0100	
0/1/0	1	CLARE	NEE CO	vibourne	Vertile	WIDDLE	TI	HOMAS	0
30		WAS DECEASED EVER IN		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR			
Pog.		no	TES, ONE WAR OR DATES	222-20-967	Mrs. Less	ie Coulbo	ırne,	same a	s#13
vol.		18 CAUSE OF DEATH	inter anly ane cause pe	r line far (a), (b), and (c)	,	,		APPROXIMA BETWEEN ONS	E INTERVAL
even		PART I. DEATH WAS	MEDIATE CAUSE (a)	intercerel	cal bemont	oma		30	Keo
nafic nafic		55 100	DUE TO, C	OR AS A CONSEQUENCE OF				unh	
fraur		Canditians, if any, w		coagellos	ret ky			Tania	Leon
Per e		cause tal, stating underlying cause		OR AS A COMSEQUENCE OF			3	1	
9 1 9		DART 2 OTHER SIGNIE	CANT CONDITIONS	ONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TEN	MINIAL DISEASE OR CON	IDITION CIVE	NI INI DADI 1	pr. m.
Then to b	Z	TAKT 2 OTHER SIGNIFI	CAN CONDINONS C	ON KIBOTINO TO DEATH BOT	NOT REPAILED TO THE TERM	WIINAL DISEASE OR COIN	DITION GIVE	IN HAPARI IIG	
1117	CERTIFICATION	190 DATE OF OPERATIO	N 196 CONE	OITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING	
1111	Ĭ					YES D NO	YES	ING CAUSES OF	NO DEATH?
Hyo W	ER .	21a. ACCIDENT WAS UNDERL		OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PAI	RT I OR PART 2)	
1117	N A	OR CONTRIBUTING CAUS	DE OF DEATH	.M. 19					
A T	MEDICAL	21d INJURY OCCURRED		OF INJURY	2H LOCATION	CITY OR TO	OWN	COUNTY	STATE
ake di ta	2	WHILE NOT WHILE AT WORK	D	REEL, PACTORY, OFFICE PARM ETC.)					
ealth o		22a I certify that ( (th			e 18 19 8	0, 10 JUA	e 19.1		t (I (we)
355		saw the deconsol abave, (1) (did)	live an view the bad	16 19 19 0G. a	nd that in (ny) (aur) ap nian	death accurred an the d	ate and have	and fram the cau	ses stated
Per		226 SIGNATURE			DEGREE			22c. DATE SIC	NED
111		Corred 1	DILLA	Allen M	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	6/12	186
1 N 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		224 PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS 22	- S. Gre	ene s	54.1	1
PORT		Kobert	W Nao	20/man	Ba /41	none 17	5 K	17.09	
213	23a.	BURIAL, CREMATION, REA			EMETERY OR CREMATORY	23d LOCATION		40000	12/22
MILE T		(SPECIF Burial	6-22	-1986 Dorche	ester Cemet	eryCambric	ige, Do	rchest	er, N
	24 F	UNERAL DIRECTOR		308 H:	gh St. 25a. DA	TE REC'D. BY REGISTRAR	25h REGISTR	AR'S SIGNATURE	E

Curran Funeral Home

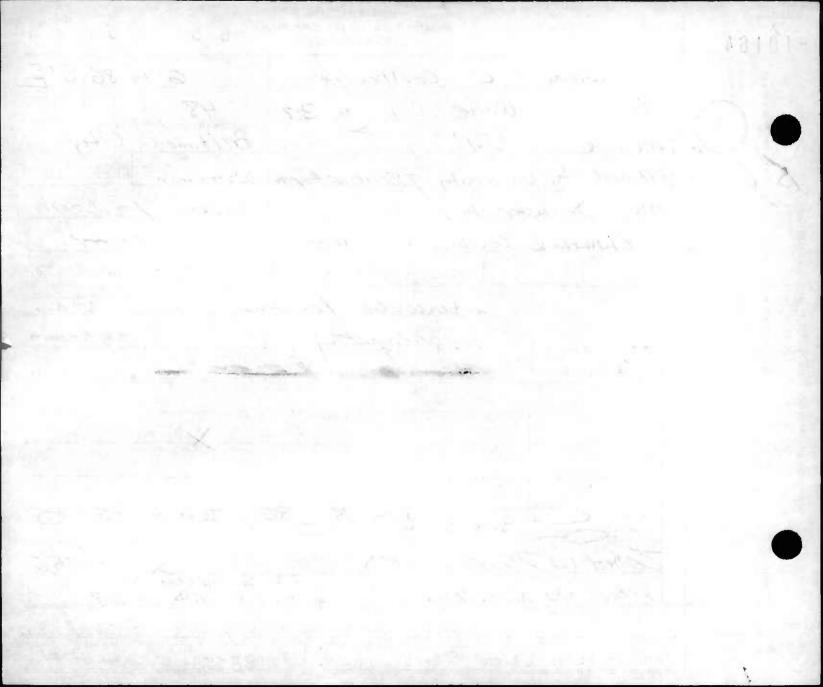
DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** 

308 High St.

Cambridge, Md.



TO HOSPITAL OR ATTENDING

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.		6	drag	1	2
JE OF DEATH MONTH	DAY	YE AR	2	HOUR	1.

	1-	FOR STATE REGISTRAR		DEPARTI		IEALTH AND MENTAL HYG	0	O EG. NO.	6 6	, 12
		CEASED NAME PIRST		MIDDLE	cou	ILSON	20. DATE OF DE		DAY YEAR	15 HOUR 10:34pm
	3 SF	y	4. RACE		5. DATE O	OF BIRTH	6. AGE (INYEARS		IF UNDER I YEAR	IF UNDER 24 HRS
	Fe	emale	White		MORE	13 10	8/	YRS.	MONTHS DAYS	HOURS MIN.
100	7a BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	ITY OR COUNTY	OF DEATH	
1		rginia	10	1.S. A.	MARRIE	/	Baltir	nore City		MD.
1	10 CI	altimore		HOSPITAL, NURSIN THE FACILITY, GIVE STREET		FSKM.C.	120 USUAL OCC (TYPE OF WORK FOR Housew:	MOST OF WORKING LIFE		OF BUSINESS OR
5	USU/ 13a. S	MI	ME OR OTHER INSTITUTION. OUNTY altimore	GIVE RESIDENCE BEFORE	'N	13d. INSIDE CITY LIMITS?		RESS / ZIP CODE olborn Ro		21222
2	AFA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA		DDIE	LAS	ST.
1	Ma	arion	S.	Martin		Josephin			Reyn	
	16a V	VAS DECEASED EVER IN U.S		166 SOCIAL SECU	IRITY NO	17. INFORMANT		ADDRESS 7239	Marte	lle Avenu
No. of Street,	No		S, GIVE WAR OR DATES)	213-07-	9934	Catherine Co	ulson	Balt	o., MD	. 21222
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICA  19a DATE OF OPERATION  11a, ACCIDENT WAS UNDERLYING	DUE TO, OIL  (c)  NT CONDITIONS CO	ITION FOR WHICH	DEATH BUT	PTUS AS NOT RELATED TO THE TERM IN WAS PERFORMED	NINAL DISEASE OF	? 20b. IF YES IN CERTIFY	, WERE FINDIN YING CAUSES	NGS USED
1		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.	M. MONTH DA		21c. HOW INJURY OCCUR	KED (ENTER NATURE	DE INJURY IN ITEM 18 PA	LRT 1 OR PART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAP  21d. INJURY OCCURRED  WHILE ONT WHILE OF WORK	21e PLACE		ARM, ETC.)	211 LOCATION STREET	Cit	YORTOWN	county	STATE
		22a.l certify that (1) (this h saw the deceased alive	e on 6/1	9 19	8b . ai	nd that in (my) (our) opinion	death accurred on	the date and hour	and from the	
		126 SIGNATURE	WESSI	3		DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR DE	STAFF	22c. DATE	19/86
		724 PHYSICIAN'S HAME II	WS/36	RAB		FSILM(	4940	EASTER	VAV	2
	23a B	BURIAL, CREMATION, REMO	VAL 23b DATE	23c. h	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO		COUNTY	STATE
	Bt	urial	6/24/		k Law	n Cemetery	Balti			aryland
		NERAL DIRECTOR Duda		ADDRESS		1111		STRAR 256. REGISTE		
	19	922 Wise Aven	ue Dunc	dalk, Mar	yland	21222 JU	N 23 198	h tring Do	undran h	andelle

8/41/3 - - - - -COURSEN 13 B 14

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executed within 24 haurs after death. Page 4 may be

director, page 3

and campletely filled in by the funeral director.

and 2 should be

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costshould be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages I with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

# STATE OF MARYLAND

O REG. 1	<b>VO</b> .	l	6	ation (i)		1	-
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	1-	STATE REGISTRAR		CERTII	ICATE OF DEATH	HTGIENE &	EG. NO.	0 11	10	
		. DECEASED NAME FIRST MIDDLE (TYPE OR PRINT) WILLIAM L			COUSINS		ATH MONTH	1985	12:40 F	
	3 SEX	wale	1. RACE	CK S. DATE O	H DAY YEAR		73 YRS	IF UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
COUNTRY) Va. 21.5.			76 CITIZEN OF WHA	MARRIE WIDOW		BALTIMORE CITY  BALTIMORE CITY  MD				
4	BALTIMORE JOHNS HO			PITAL, NURSING HOME ( CILITY, GIVE STREET ADDRESS)  HOPKINS HO			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)  127. INDUSTRY  Steel Co-			
1	13a S	M) d.		RESIDENCE BEFORE ADMISSION) CITY OR TOWN 32/t/0076	13d. INSIDE CITY LIMITS YES NO [	183/N	RESS ZIP COD	ine St	21213	
1	)	Rakeigh	MIDDLE	SU.SINS	15 MOTHER'S MAIDEN	red	ADDRESS	Collin	S	
		VAS DECEASED EVER IN U.S. AF	VE WAR OR DATES	SOCIAL SECURITY NO. 18-09-3925	EIL/20		31 N. Ca	esolin	eSt.	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA		for (a), (b), and (c).)	water	anest			MATE INTERVAL ONSET AND DEATH	
		Canditions, if any, which	DUE TO, OR AS	A CONSEQUENCE OF				2 m	mles	
		cause (a), stating the underlying cause last	DUE TO, OR AS	a consequence of	cs .			Yea	24	
	TION	PART 2 OTHER SIGNIFICANT SIR LINE	vala	ndohne	foot au	upital	Juin -			
	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING F	100	H Gauge	eve, Orta		IN CERTI	S, WERE FINDIN FYING CAUSES ES	OF DEATH?	
	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. P.M.	MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)		
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		FACTORY, OFFICE, EARM, ETC.)	STREET		IY OR TOWN	COUNTY	STATE	
		220.1 certify that (1) (this hospital) of ended the deceased from MUY (9, 19, 10, 10, 10, 10, 19, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10								
L	J	226. SIGNATURE	up h.	# schu	DEGREE TIENDIN PHYSICIAL		STAFF PHYSICIAN []	22c DATE	2 (9 E.	
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	-0	22e ADDRESS	. Hopica	1 Horbin	Ac 6	00 No_	

BP

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

236 DATE

STATE 121

236 NAME OF CEMETERY OR CREMATORY

Bethel Grove Caty.

Clave:

23d. LOCATION
COUNTY

STATE REC'D. BY REGISTRAR'S SIGNATURE

25g. Part Rec'D. By Registrar' 24 FUNERAL DIRECTOR, 2431E Oliver St.

12 C - Klack 1011 3 15 - 75 15 may 1 may 1 may 1 miles of a tributed See as Con-Mary Carrellan 1 1821 M. Carrellan St. 2124 Paralle Milarea Paline 13. I SHE CREEK FOR STORE I FOR MENTER STORE STO Remail 21 6 4 - 86 Mediath as was y lines o Street feet filter of the Chine of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 1 DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) GERTRUDE COX 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) 3 SEX 4. RACE MONTH Nov. 6, 1908 Female White 70. BIRTHPLACE I STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE Maryland U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION UNION MEMORIAL HOSPITAL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE

9 BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker 3708 The Alameda 21218 Baltimore YES X Maryland NO 🗆 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Kathern Eilers John H. Schneider 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) LeRoy H. Schneider same as 13e 215-48-4336 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic PART I. DEATH WAS CAUSED BY-DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the ZWKS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 abetes Mellitus 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 21 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED TIE PLACE OF INJURY 21f LOCATION (AT HOME STREET, FACTORY, OFFICE FARM ETC.) COUNTY STATE AT WORK NOT WHILE 220 | certify that (I) (this hospital) attended the deceased from sow the deceased give on 19 obove (I) well (did) did not view the body after death. and that in my (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME ITYPE OR PRINTS UNION MEMORIAL HOSPITAL SCOTT RIFKIN

23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL ISPECIF Burial 06/12/1986 Parkwood Cemetery

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL old be deto

24 FUNERAL DIRECTOR Leonard J. Ruck, Inn. Baltimore, Maryland

- www. worr-pandalle

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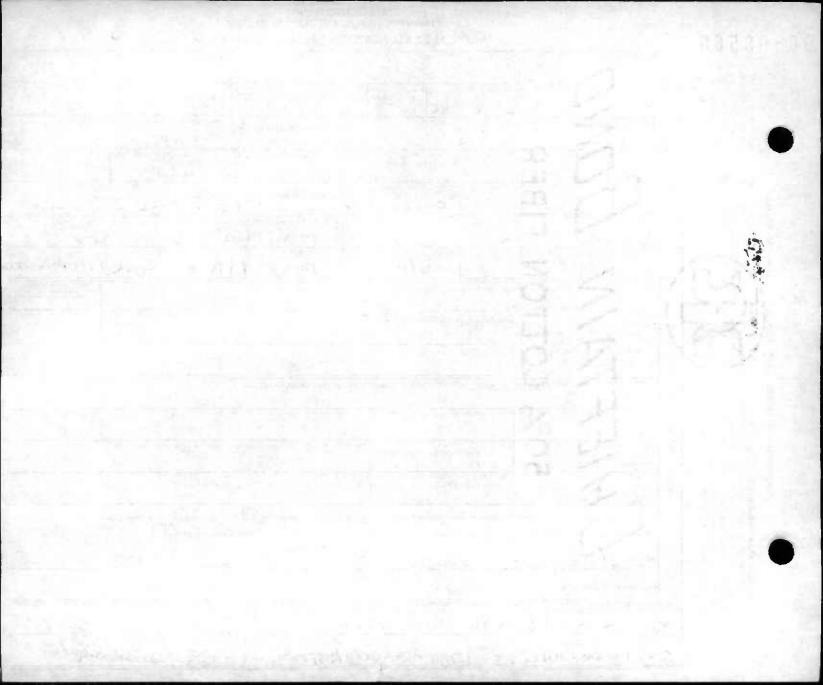
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	IS NECESSARY, PLASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. D. WITHIN 72 HOURS I WI PRESTON STREET.	3 35/	FB	ONTH DAY	YEAR LAST BIRTHDAY)  YEAR  YEAR  YEAR  YRS.	MONTHS DAYS HOURS	MIN. PRONOUNCED DEAD		-11 19	86 7:11 p. A
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	INER: THIS CERTIFICATE ICATE, WRITING THE WI ICATE, WRITING THE WI ICATE, PAGE 3 SHOULD ITE STATE DEPARYMEN AND, 21201 PRIOR TO		22a. I certify that I taak charge of	the remains describ	ed above held an	AutopsyXX, Inspection	on . Inquiry .	ond in my o	DIDION	
	EXAMINER: CERTIFICATE OULD BE FOR: DIRECTOR: I, WITH THE SAMARYLAND,		death resulted from Natural ca	[V] /	dunt Solud	Hamicide .	Undetermined manner			
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	A COUNTY OF THE STATE OF THE ST		SIGNATURE CULLU	w/ Th	us 1 /100	Mad Assistan	MEDICALEXAMINER	DATE		12-86
	SEA				//					
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR PAGE 4 SHOULD BE FOR PAGE 4 SHOULD BE FOR PAGE PORTINGE, MARYLAND,	100	EXAMINER'S NAME (TYPE OR PRINT) Denn	is F. Smy	th, M.D.	ADDRESS 111	Penn St., Ba	ilto., M	d. 2	1201
	534548	230.B	URIAL, CREMATION, REMOVAL 236 D		230 NAME OF CEMET		23d LOCATION	COU	NTY	STAY
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25M	DHMH - 17	24 F	UNERAL DIRECTOR	ADDRESS			REC'D. BY REGISTRAR 25	b. REGISTRAR'S		Jatha "
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PARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	
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	Baltimore		Church	Hospita	ADDRESS)			1)	HOUSE	K FOR MOST	OF WORKING L	IFE) IND	USTRY		
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	VAS DECEASED EVE	(IF YES, GIVE W.		166 SOCIAL SECU	KIIY NO.	17 INFORM	ANI			ADDR	L33				
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Ĭ			12/10						YES 🗍	NOT	IN CERT	ES	AUSES	NO T	
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ز	OR CONTRIBUTING			M. MONTH D	AY YEAR	11011	130111 001	CORRED	( SIMIEK IME	TORE OF HAJE	INT IN TIEM TO	PART 7 OR	- An + 2)		
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	sow the decea	sed alive an	JUNE	9 19	86	d that in (my	Mour Doin	nian dea	th occurre	d an the d	ate and ha	ur and Ir			
	The state of the s	The Control			, .,	()									

sow the deceased alive an JUNE 9 abave, (I) we will (did not) view the bady after death 226. SIGNATURE

FOR

- STATE REGISTRAR

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF
DIRECTOR PHYSICIAN CHURCH HOSPITAL

22d. PHYSICIAN'S NAME (TYPE OR PRINT) PAUL GORMERY

n. BROADWAY, BALTIMORE, MARYLAND2123

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

230 NAME OF CEMETERY OR CREMATORY

23d LOCATION CITY OR TOWN

STATE

Burial 24 FUNERAL DIRECTOR

ADDRESS

Parkwood Cemetery Baltimore Maryland
750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1 JUN 1 0 1986

DHMH - 16 60M 7/84 (VRA 15, 4)

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Item 18 show

POSTANT

Leonard J. Ruck Inc. 5303 Harford Rd Ralto

6-11-86

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weather J. Buck Inc. 53 7 Harrord Ed Helve.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAN 20. DATE KNOWN X DECEASED NAME THINE OF HINE! OF ESTI-Benjamin Crowley DEATH MATED 6/ 23/1086 ames 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED DEAD 23/1086 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIE Maruland DIVORCED WIDOWED Baltimore City IS CITY OF TOWN OF DEATH 126. KIND OF BUSINESS OR INDUSTRY Inlant Francis Scott Key Medical Center Baltimore Maryland Oriole Ave. 21224 15. MOTHER'S MAIDEN NAME Perdien 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Unknown John Wolff 433 Oriole Ave. 21224 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Compression Asphyxia DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX EXECUTE THE CERTIFICATE, WRITING THE WOS PAGE 4 SHOULD BE FORWARDED TO THE CO TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BACLIMORE, MARNIGAND, 21201 PRIQR TO BUJ 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING subject found wedged between headboard and CONTRIBUTING CAUSE OF DEATH 9: 15AM 6/23/86 21e PLACE OF INJURY LATHOME 21f. LOCATION 21d INJURY OCCURRED AT WORK AT WORK STREET, FACTORY, FARM, ETC.) 433 Oriole Ave., Eastpoint, Balto. Co., Md. home 22a I certify that I taak charge of the remains described above, held on Autopsy Inspection Accident X Hamicide death resulted fram: Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE 5/24/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23d LOCATION 230.BURIAL, CREMATION, REMOVAL 236. DATE astwood 24. FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 901 S. Conkling **DHMH - 17** (VR A15 ME (5))

13/04-01

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FOR - STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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1	3. SEX		4. RACE		5 DATE C		YEAR	6 AGE (IN YEARS L		IF UNDER I YEAR	HOURS A	
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	MAF	RYLAND	U. 9	6. A.	WIDOWE	D DIVO	RCED XX		DRE CITY			MD.
7	10 CI1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		R OTHER INSTIT	NOITU	120 USUAL OCCU	JPATION MOST OF WORKING LIFE		OF BUSINESS	OR
2	-	_TIMORE		HOME HOS				COOK			FAMILY	
5	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COUT		13c. CITY OR TOWN	N	13d. INSIDE CITY	LIMITS?	136 STREET ADDR	ESS / ZIP CODE	2410 CA IMORE.	LVERTO	N 121
	14 FA	THER'S NAME				15. MOTHER'S A		WE	Carlo Inc.			
		THOMAS	WIDDLE	CROXTO	N	FIR LFL	IA	MIC	DIE	HΔR	RIS	
		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU		17 INFORMAN		, , , , , , , , , , , , , , , , , , ,	3153 DON			
	{ Y	(IF YES, GI	VE WAR OR DATES)	212-22-0	741	ANDREW	G. WIG	CKS. JR.				
		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	dicui	V		ASD	IRATION	APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEA	TH
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8				R AS A CONSEQUE	NCE OF	CEREBI	ROVAS	CULAR A	CEIDENT	1		
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7		underlying couse last.	(c)	DIABE	TES	MELLITI	IS					
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ì		sow the deceased alive or obove, (1) (we) (did ) (did no	JUNE of view the body	22 19	0.6			death accurred an	the date and hour	and from the	couses stated	03,
		226 SIGNATURE	.1.1			DEGREE				22c DATE	SIGNED	
		5. 1am	000		, t	ATT PH	YSICIAN [	MEDICAL DIRECTOR P	STAFF	5/2	2/80	0
		224. PHYSICIAN'S NAME (TYPE				22e ADDRESS	CHUR	CH HOSP	ITAL CO	RPORA	TION.	
		KAMESH ST	tbasath	+1 M·V		100 N		ADWAY,			ID. 212	31
		SURIAL, CREMATION, REMOVAL	236 DATE	23c N	IAME OF C	EMETERY OR CR	EMATORY	23d. LOCATION		COUNTY	STATE	
4		BURIAL	6/26/1	986 ARE	BUTUS	MEMORIA	PARK		BALTI	MORE,	MARYLAN	ID_
	24 FN	NERALDREGORSONS FI	UNERAL H	IUME, INC.		0101	25a DATI	N 2 A 100				
	25	Ol~GWYNNS FALL	5 PKWY.	RALITMORE	, MD.	21216		1. C-2 (M)	J. J. Will	widoon-/	-	

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If them 21 is marked or Item 18 shows any injury, or ather traumatic event, the

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REG. NO 20 DATE OF DEATH DECEASED NAME BERNARD CUMMINGS 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED LYPE OF WORK FOR MOST OF WORKING LIFE) PRODUCE MERCHANTI SELF-EMPLOYED ST. APT 1017 BALTO, MD 2/202 13n STATE 136 COUNTY MIDDLE UNKOWN UNKNOWN UNKNOWN In WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMAN' WWI 18 CAUSE OF DEATH (Enter only one cause per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NOF 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC 1 AT WORK NOT WHILE 226 SIGNATURE DEGREE MID ATTENDING MEDICAL MPORTANI

DUONT

NUTTER SONS FUNERAL HOME, INC.

230 BURIAL, CREMATION, REMOVAL

- STATE

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death occurred an the date and have and from the causes stated 22c. DATE SIGNED 6-24-86 PHYSICIAN DIRECTOR PHYSICIAN LUTHERAN HOSPITAL 986 VETERANS CEMETER 23d LOCATION BALTIMORE, 250 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE 2501 GWYNNS FALLS PKWY, BALTO, MD. 21216

JE HINDER 24 HRS

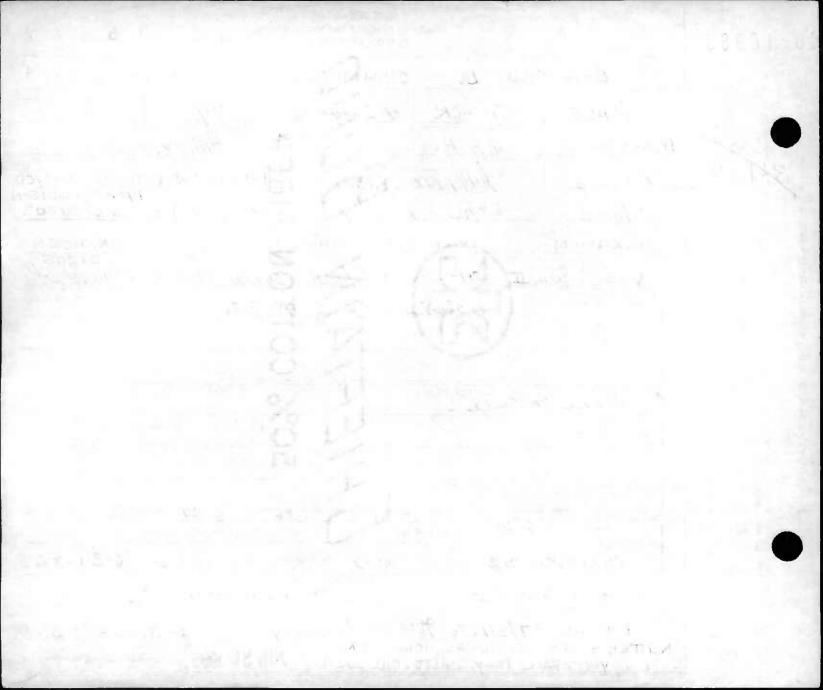
UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT

21205

IF UNDER I YEAR

DHMH - 16 60M 7/B4 (VRA 15, 4)



08686	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEAT		8 6 REG. NO	1	6 4	8 0
be of the contract of the cont		CEASED NAME OR PRINTS	EATTICE.	MIDDLE		orran	2a. DA		Co - 1	-86	26 HOUR 10:40PM
refor. page 3 s offer death	3. SE	x Female	4. RACE Whi	te	5. DATE O	DAY YE	6 AGE	(IN YEARS LAST BIRTH	YRS.	UNDER TYEAR	IF UNDER 24 HRS. HOURS MIN.
oth. Pog		RTHPLACE (STATE OR FOREK COUNTRY) Maryland		WHAT COUNT	RY? 8 MARRIE	NEVER MARRI	ED 🔟	MORECITY OR Baltimo	COUNTY		
offer deo	1	or town of DEATH Baltimore	11. NAME OF		TREET ADDRESS)	Balto.M	ON IZa US	UAL OCCUPATION WORK FOR MOST OF et. Bent	WORKING LIFE)	12b. KIND O INDUSTRY	F BUSINESS OR
124 hours filled in by auld be file	USU 13a. :	AL RESIDENCE (IF NURSING H		I I 34. CITY OR	EFORE ADMISSION	134 INSIDE CITY LIA		EET ADDRESS /	ZIP CODE	-	21230 to.Md.
mpletely ond 2 sk	-	ATHER'S NAME FIRST Martin	MIDDLE	Mann	ing	IS MOTHER'S MAID	garet	MIDDLE	_	LAS	nedy
on and on S. Pages		VAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF	I.S. ARMED FORCES? YES GIVE WAR OR DATES]		SECURITY NO. 01-189	Mr, Edw	ard A.	ADDRES Vitale,	Tion of	21225 10th	.St.Balt
that the death certificate d by the attending physicic lease remove corbon paper iol, cremation, or removal. or other traumotic event, th		Conditions, if ony, wh gove rise to immedia couse (a), stating	DUE TO, (b)_	OR AS A CONSI	EQUENCE OF	Shock				A	MATE INTERVAL INSEL AND DEATH
requires to Then plant or to bur y injury.	CERTIFICATION	190 DATE OF OPERATION	OSM4 lar	STENT DITION FOR WH	, at	N WAS PERFORMED	multi- 200 YES	AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	Theen bus
G PHYSICIAN: The low otherding physicion. er this certificate has be if the buriol-transit permit and Mental Hygiene prinked or Item 18 shows on	MEDICAL CE	210. ACCIDENT WAS UNDERLY. OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX 216. INJURY OCCURRED  WHILE NOT WHILE	OF DEATH HOUR A	OF INJURY A.M. MONTH P.M. E OF INJURY TREET, FACTORY OF	19	211 LOCATION STREET	OCCURRED (EN	CITY OR TOW		COUNTY	STATE
TTENDIN pitol or TOR: Aft for use os of Health 21 is mor		27a. I certify that (I) (this sow the deceased of above, (I) (we) (did) (27b. SIGNATURE	ive on 6	y ofter death.	19_86_,01	d that in (my) (our) o					
HOSPITAL bined by the FUNERAL build be dery the Stote PORTANT:		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)  Sels	. 1	4.0	22e ADDRESS A	DING MEDICIAN DIRECT	STAFF	AN X	md.	71302
BP		BURIAL, CREMATION, REM		/		EMETERY OR CREMA	atory 23d etery	Balto.	A . A . (	COUNTY Ma:	rvland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1986

JUN 5

DHMH - 16 60M 7/B4 (VRA 15, 4)

McCully Funeral Home, 130 E. Fort Ave

0401	1.	REGISTRAR			CERTIF	CATE OF DEATI	Н	REG. NO	·	3.0	А.
		CEASED NAME FIRST		MIDDLE	1.	vst	2a. D	ATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
leath leath		Beatrice	e		Day	oney			6-1	1-86	6:551
ector, po	3 SE.		4 RACE	lack	5. DATE C		99 6 40	E (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS M
neral dir		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIE	ED - F	Salfmoi		OF DEATH	
by the the with	13 C	altimore		HOSPITAL, NURSING FACILITY, GIVE STREET		R OTHER INSTITUTION		ISUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE		F BUSINESS
filled in bould be	13 <sub>0</sub> S	AL RESIDENCE (IF NURSING HOME OF		Baltin	/N	13d. INSIDE CITY LIA YES 📈 NO [		TREET ADDRESS /	ZIP CODE STWO	od Av	2/2/
ord 2 si	14 FA	ATHER'S NAME FJRST	WIDDLE	Dabn	ey	EMMA	DEN NAME	WIDDLE		Snov	den
s. Pages		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	216-10-	IRITYNO. -1942A	EMILY L	ee 35	12 E11	amor	it F	road
d by the attending physic eose remove carbanpape ol, cremation, or removin ir other traumatic event, th		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stafing the underlying cause lost.	DUE TO, O	Preumo	nia.	Henry actoring Before	That what	luf.	ul	BETWEEN	MATE INTERVAL
os been signed ermit. Then pl e prior to buri	CERTIFICATION	Aplastic a	nemia			NOT RELATED TO TH	20	AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED OF DEATH?
iol-transit protein Habitation of Habitation		2] g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER NOTIFY MEDICAL EXAMINE)	ATH HOUR A	DF INJURY .M. MONTH DA	AY YEAR	21¢ HOW INJURY (		S NO	YES		NO 🗍
s the burn h and Me arked or th	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOV	VN	COUNTY	STATE
for use a af Healt		22a.t certify that (1) (his hasp saw the deceased alive ar above, (1) (we) (did) (did no	6-1	19		d that in (my) (Sur)		occurred on the do	te and haur	9 86 . and from the	that (liwe)
RAL DIREC detached fate Dept. VT. If Item		22b. SIGNATURE	Bran	licker	{	ATTENE PHYSIC	DING ME	DICAL STAF	F	220 DATE	SIGNED
A See		22d. PHYSICIAN'S NAME GYPE	OR PRINT)			22e ADDRESS					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23c NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

00 0010

24 FUNERAL DIRECTOR March™Funeral Home West 4300 Wabash Avenue

5/5/85

23b. DATE

23a BURIAL, CREMATION, REMOVAL

Burial

[SPECIFY]

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Fina Daydon produce

23d. LOCATION

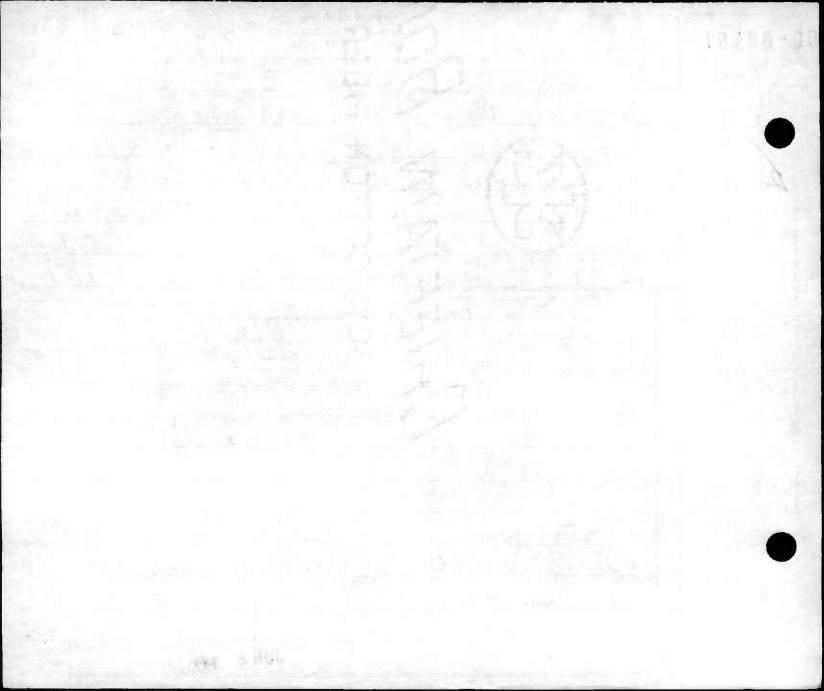
Arbutus

126 KIND OF BUSINESS OR

2/2/7

SMD

COUNTY



	1				E OF MARYLAND		. /	. 9 9
	1.	FOR STATE	DE		HEALTH AND MENTAL HYG	IENE 8 6	1 6	ng U 4.
1288		REGISTRAR			FICATE OF DEATH	REG. N		
		CEASED NAME FIRST	MIDDLE		LAST		- A 60.	AR 2b HOUR
deoth		MICHOL			LE510		06 29 81	4 5 4 5 7 7 111
25	3. SE		4 RACE	S. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
		Male	white		-08 23	63	YRS	
il d	7a. B	RTHPLACE (STATE OR FOREIGN )	76. CITIZEN OF WHAT COU	JNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEAT	Н
5 4		MARYIAND	USA	WIDOW		BALTIMO		MD
上	10:50	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME ( VE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT	F WORKING LIFE INDUS	ND OF BUSINESS OR
2	20	ALTO. CITY	UNIVERSIT		AMTLAND	BELF EMPL	OYED BLE	DG. CERTICIPE
10		AL RESIDENCE (IF NU DE OF		CEBEFORE ADMISSIONS OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
E.		MD DO	7/10 Frell	and	YES NO		re millED	. 21053
ngine	14 F/	THER'S NAME FIRST	WIDDIE	AST	15 MOTHER'S MAIDEN NAM	WE		LAST
		ealthad		2510	AWHELINA		Fic	ri
0	160 \	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)	VE WAR OR DATEST	AL SECURITY NO.	17 INFORMANT	ADDR	ESS	
ae .		No	214-	12-0042	amians. H &	Legisketin	sheet	16
the,		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a),	, (b), and ic			BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
even		PART I. DEATH WAS CAUSE	TE CAUSE (O) LAR!	DIO-PUIN	nenory & Arr	255		
otic		A THE RESERVE TO THE	DUE TO, OR AS A CON	NSEQUENCE OF				
oumotic		Conditions, if ony, which		uk my	ocardial 10	ntavction	1	1/2 hour
other tr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COM	NSEQUENCE OF				
ar of		underlying couse lost.	(a) core	chan	cryal dis	LLSE	-	
7.	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT 11a
Audui A	CERTIFICATION							
ws ony	CA	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	USES OF DEATH?
Show	E				Tax trouvers a second	YES NO	YES 🗌	NO 🗌
00/1	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PAR	IT 2)
Hen /	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	R) P.M.	19				
ō	MEDICAL	21d INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM ETC )	211 LOCATION STREET	CITY OR TO	wn count	TY STATE
		AT WORK NOT WHILE						
ē.		220 I certify that (I) (this hosp	011-0		129, 19 4/6		27 19 50	, that (I) (we) lost
n 21			of view the body ofter death	19_96.0	nd that in (my) (our) opinion o	death accurred on the d		
If Item		226. SIGNATURE			DEGREE	MEDICAL STA		DATE SIGNED
14		Dond	Eyent no	Y	PHYSICIAN [	MEDICAL STA		29186
MPORTANT: H		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS			
0/		DAVID SU	AAMP		225. Green	L ST . ?	partimire	mp 2120
≤	23a. I	SURTAL, CREMATION, REMOVAL		23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	J. Constitu	CTAM
		BURIAL	7-3-86	CARDO	ENS OF FAITH	+ BAIL	ruse !	MARNA
7/84	24 F	UNERAL DIRECTOR	*	2635		REC'D. BY REGISTRAR		
704	J	DSCOP NIL	GUNINA TO	DINESS	L 56	2 - 1986	who Davidson	- Marky Spe-

## FOR - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

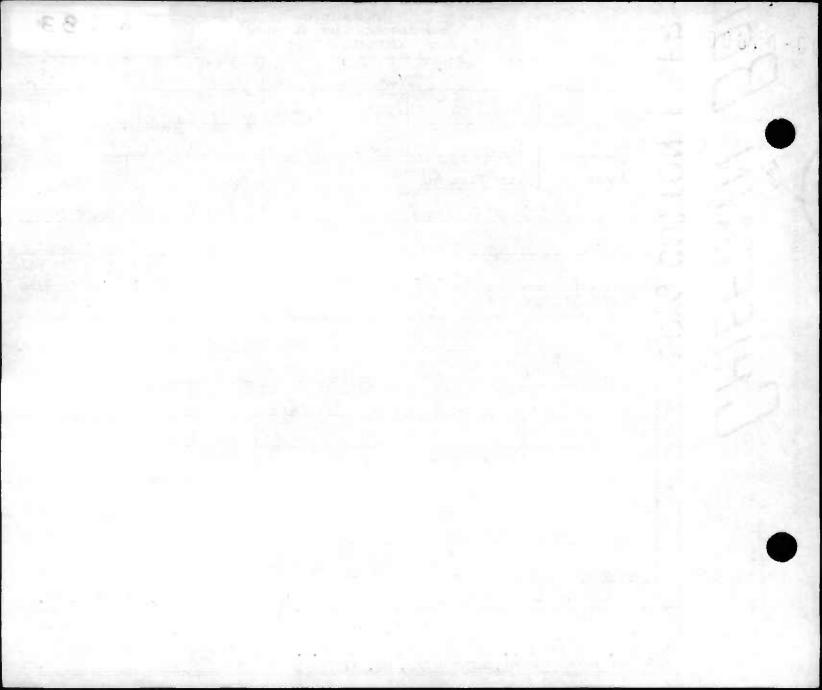
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	page 3	er deoth	
	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3	e detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death	
	he funero	within 72	
	d in by	d be filed	
	etely fille	2 should	
	d compl	es lond	2
	sician an	pers. Pag	
	(hd guibr	corbonpo	or remo
	the atte	remove	rematian
	signed by	nen please	State Dept of Health and Mental Hyaiene prior to burial cremation, or removal
	ias been	permit. Th	ne prior h
( ) d	rtificote h	ol-tronsit	tol Hyaie
D	er this ce	the burie	and Men
	OR: Afte	or use os	f Health
	DIRECT	tached for	Dept o
	ERAL	e de	State

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

TO FUNERAL DIRECTOR: After this certificate h should be detached for use as the buriol-transit is with the State Dept of Health and Mental Hygies IMPORTANT: If Item 21 is marked or Item 18 should have a statement of the stateme

REGISTRAR		CERTII	TOTAL OF BEATTI	REG. NO	D.	
1. DECEASED NAME FI	IRST MARTA MIE		D'ANGELO	20 DATE OF DEATH	MONTH 6 DAY 12	YEA 6 26 HOUR
MAR	14	DIANO	FELO		06 12 6	86 / 00 PM
3. SEX	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	LI YEAR IF UNDER 24 HRS
Female	White		mber 19,1896	89	YRS	
COUNTRY	IGN 76. CITIZEN OF W	HAT COUNTRY?	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
Italy	Italy	WIDOWI		Baltim	ore City	ME
Baltimore		OSPITAL, NURSING HOME ( PACILITY, GIVE STREET ADDRESS) OSPITAL	OR OTHER INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Housewife	F WORKING LIFE) INDU	KIND OF BUSINESS OR USTRY N HOME
	COUNTY 1	ve residence before admission) 30. CITY OR TOWN 300 dlawn	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS A	zip code nbern Roai	d 21207
14. FATHER'S NAME ROCCO	MIDDLE	lardone	15. MOTHER'S MAIDEN NAME FIRST Carmela	ME MIDDLE	Gianc	risto fero
	U.S. ARMED FORCES?  FYES GIVE WAR OR DATES)	66. SOCIAL SECURITY NO.	17 INFORMANT	1320	Pleasant	Valley Dri
No		218-52-0533	Franco D'An	gelo balt	imore, MD	
PART I. DEATH WAS	nter only one couse per lin CAUSED BY: MEDIATE CAUSE (o)	se for 101, (b), and ic	5		BE	approximate interval etween onset and death
underlying couse I	the DUE TO, OR A	VRINARO AS A CONSEQUENCE OF FN7887  ATTRIBUTING TO DEATH BUT				24 herry
5	troke 1	Depilitate	ed State			
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLY	n 19b. conditi	ON FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH? NO
210. ACCIDENT WAS UNDERLY	110110 4 44	INJURY MONTH DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUS	Y IN ITEM 18 PART I ORP	ART 2)
(IF EITHER NOTIFY MEDICALE	SE OF BEATT	19				
(IF EITHER NOTIFY MEDICALE  216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME STREE	FINJURY T, FACTORY, OFFICE FARM ETC.)	21f LOCATION STREET	CITY OR TO	wn coul	INTY STATE
	s hospital) attended the	deceased from 6/	12 10 86	10 6/12	10 90	the the (IV (wa) lost
sow the deceased o	2 1/12	19 86 0	nd that in (my) (our) opinion	death accurred on the do	ite and hour and fro	om the couses stated
276. SIGNATORE	y & Se	nenlos	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAR	F/	6/12/86
226 PHYSICIAN'S NAME		Pain	22e ADDRESS  MERCU	HOSPITI	4 Baltir	
23e. BURIAL, CREMATION, REA	MOVAL 23b. DATE	23c NAME OF C	EMETERY OR, CREMATORY	23d LOCATION		
Burial	6/16/86		Park Cemetery	Baltimore		Maryland
LETERAL PRECT & Ru 1630 Edmondson	ssell C. With n Avenue, Cat	zke Funeral i	Homes P.A. 250 DAT. 21228	N 1 7 1986	256. REGISTRAR'S SI	Christing



# STATE OF MARYLAND

3	ò	1	6	ulor;
-	REG. NO.			

	15	REGISTRAR		CERTII	ICAIL OI D	EATH	REG. NO	).		
1		CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH	MONTH D	LY YEAR	2b. HOUR
		MILDRE	D Pauline	DAN	IEL		JUNE	2,19	986	5-15 PM
	1.50)	\$	4 RACE	5. DATE C		YEAR	6 AGE (IN YEARS LAST BIR	HDAY)	FUNDER I YEAR	HOURS MIN.
		FEMALE	CAUCAS	ION MARC		1913	73	YRS.	DATS	HOURS ANIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8.	D NEVER M	ARRIED -	BALTIMORE CITY O	R COUNTY	OF DEATH	
2		Virginia	1. 05.	WIDOWE		ORCED [	BALTIM	IORE	CIT	Y MD.
2	III CI	TY OR TOWN OF DEATH	11. NAME OF HOSPIT	AL, NURSING HOME C	ROTHER INST	TUTION	12a USUAL OCCUPATI		12h KIND O	F BUSINESS OR
Я	BI	ALTIMORE /		AMARITA	N HO	SPITAL	Homemaker	***************************************	Homem	aking
9	15U A 30 S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION GIVE RES	TY OR TOWN	13d. INSIDE CI	TY LIMITS?	13e.STREET ADDRESS	ZIP CODE	Par	2001
2		the state of the s	llesex Del	taville	YES 🗌	NO X		23149	979	99
4	MAT A	THER'S NAME	MIDDLE	LAST		MAIDEN NAM	E MIDDLE		LAS	51
2		John Aar	on JACKS	SON, Sr.	Ze	lia	(Sissi	e)	MASON	
2		VAS DECEASED EVER IN U.S. AI	RMED FORCES? 16b. SC	OCIAL SECURITY NO.	17 INFORMAL	41	5812°C	ss atocti	n Vist	a Dr.
2		No	216	-09-9088	Thomas	E. Dan	niel Mt. Ai		2177	1
		18 CAUSE OF DEATH (Enter o	nly ane cause per line far	(a), (b), and (c)		11.2	1.15		BETWEEN	MATE INTERVAL ONSET AND DEATH
П		PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (a) HYPO	KALEMIA	8 HYPO	NATERE	MIA 2 TO	CHIF		
-1		1 -12+- H A	DUE TO OR AS A	CONSEQUENCE OF						
1		Canditians, if any, which		TASTATIC	BREA	AST C	CANCER			193
1		gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF				-		1
1		underlying cause last		HF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR CON	OITION GIVE	N IN PART To	o .
	CERTIFICATION									
	ICA.	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERATIO	N WAS PERFOR	RMED	200 AUTOPSY?		WERE FINDIN	
4	RI						YES NO	YES		NO 🗆
		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M. M		21c. HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT   OR PART 2)	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE		19						
1	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	21f. LOCATIO	N	CITY OR TO	NN	COUNTY	STATE
1	-	AT WORK								
1		220-1 certify that (1) (this hasp	ntal) attended the deced	67	22	19 86	10 JUNE	2 1		that (I) (we) last
		saw the deceased alive or abave, (1) (we) (did) (did no	wiew the bady after d	19, ar	d that in (my) (	aur) opinian de	eath accurred an the do	te and haur	and from the	causes stated
-1	3	THE STURE V	(	4	DEGREE				22c DATE	SIGNED
		Kansw Li	umar fai	W ML	P	HYSICIAN [	MEDICAL STAF	IAN D	61.	2/86
		226 PHYSICIANI'S NAME (TYPE	OR PRINT)		22e ADDRESS					,
	-	RANJIV K	UMAR SA	INI, MD	600	D S	AMAR ITA	N H	OSP.	
		URIAL, CREMATION, REMOVAL	23h DATE	731 NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
	- 0	Burial	Jun. 5, 19	86 Zoar Ba	ptist C	hurch	Deltavill	e Midd	-	VA
1		INERAL DIRECTOR		40137777	2122	O 250 DATE	REC'D. BY REGISTRAR	256 REGISTR	AR'S SIGNAT	URE
		Hubbard Funeral	Home, Inc.	4107 Wilk	ens Ave	JUN	5 1998	white to	dan I	" CH

DHMH - 16 60M 7/84 (VRA 15, 4)

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UU.	-09691	REGIS				MED	ICALI	EXAMINE	ER'S C	ERTIFIC	CATEC	F DEA	HH Y	REG	3. NO.			1	
. 0 0	0000	1. DECEASE		FIRST			WIDDLE		Don	herm	0.20.20	Tee	2a. DATE			ONTH	DAY	EAR 126 HO	U
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	DELAY IS NECESSARY, PEASE 3 TO THE FUNERAL DIRECTOR. IN PAGE 5 FOR YOUR FILES. DB FILED, WITHIN 72 HOURS RDS, 201 WE PRESTON STREET.		imore	e, Md.		U.S.	Α.		WIDOW		DIVORO		Bal	timo	re C	ity,	,	,	Al
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	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BAUTIMORE, MARKLAND, 21201 P		OR PRINT)	Gre	egory I	R. Ka	auffn	nan, M.	D/	ADDRESS_		111 1	Penn	St.					
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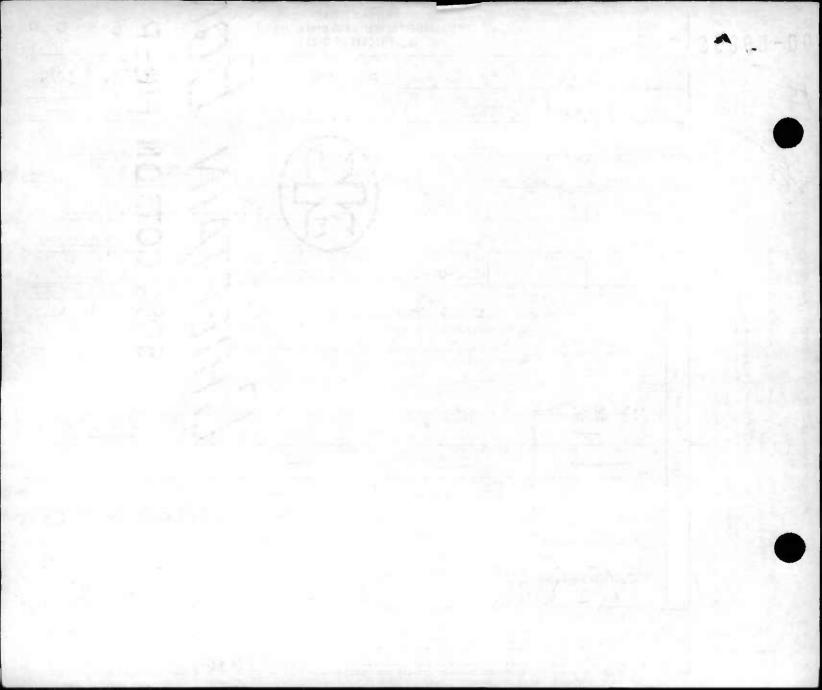
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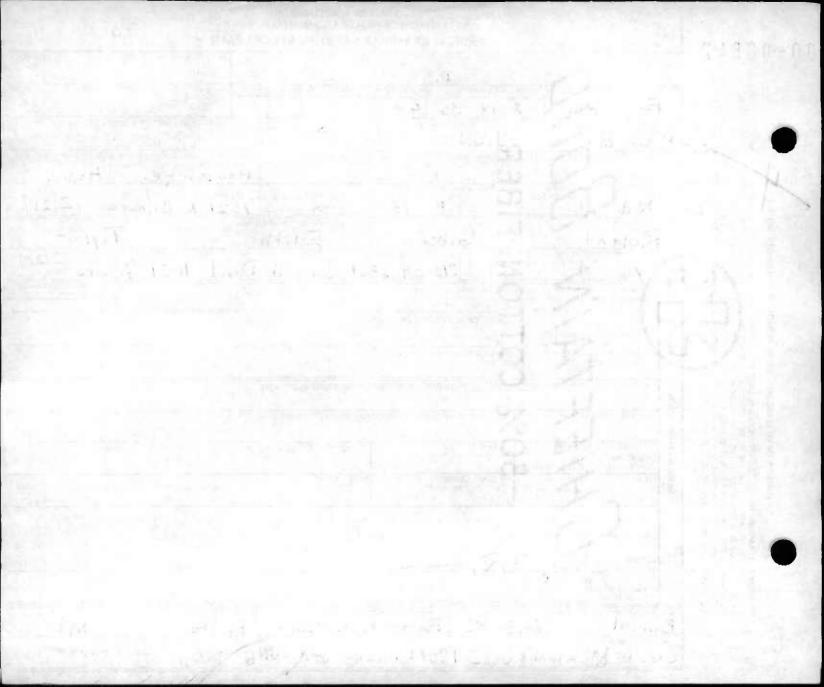
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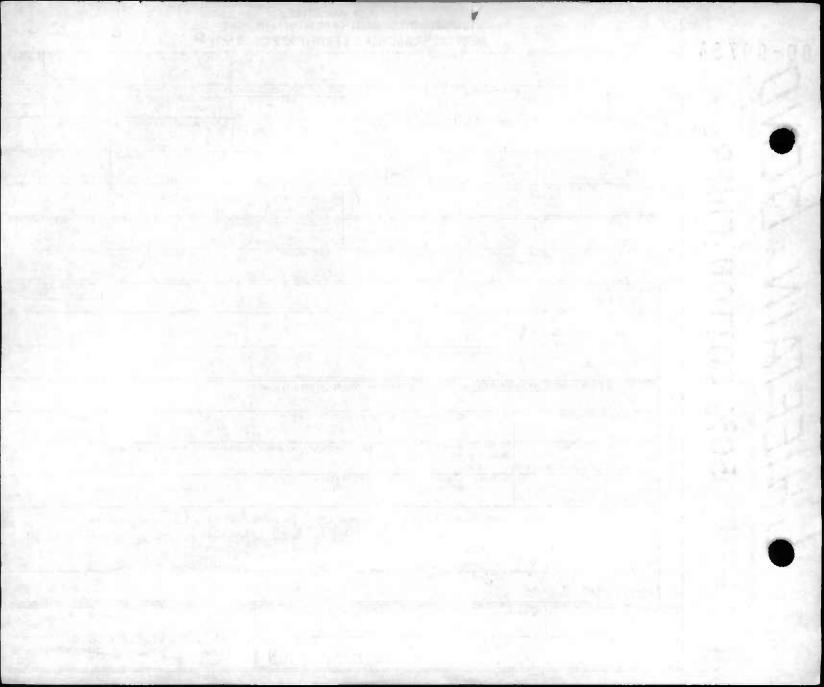
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR L DECEASED NAME 20 DATE KNOWN IX MONTH E FUNERAL DIRECTOR
E 5 FOR YOUR FILES.
ED, WITHIN 72 HOURS **EDWARD** DAVIS DEATH MATED 12 19 86 3. SEX 4 RACE A AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 11:30 P\_M LAST BIRTHDAY) NOUNCED 12 1086 MALE DEAD 1939 BLACK 4 To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRYS MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City N. CAROLINA WIDOWED [ DIVORCED [ AND TO THE FURTHER SHEED, VICTOR BE FILED, VICTOR BE FILE IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Provident Hospital I PN Johns Hopkins Nurse USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS 4904 Haddon Avenue 130 STATE 13d. INSIDE CITY LIMITS? Baltimore NO Baltimore, Maryland Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDGLE Charles Davis Martha 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO 4904 Haddon Avenue (YES, NO, OR UNKNOWN) LIF YES GIVE WAR OR DATES! 239-62-3856 Pamela Davis Baltimore, Maryland 21207 No. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Ruptured myocardial infarction DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PACE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A 1 AFTER DEATH WITH THE STATE DEPARTMENT OF HALLTH BALLTMORE, MARYLAND, 21201 PRIQR TO BURIAL CREM CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO L NG THE WO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY JATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Natural causes X death resulted fram: Hamicide Undetermined manner Accident TITLE (SPECIFY) **ACTUAL** 6-13-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 236 DATE 6/17/1986 Arbutus Memorial Park Burial Baltimore, Maryland 07/84 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FNWFFTER OR Sons Funeral Home, Inc. whia Davidon-Pan

2501 Gwynns Falls pkwy. Baltimore, Md. 21216

**DHMH - 17** (VR A15 ME (5))

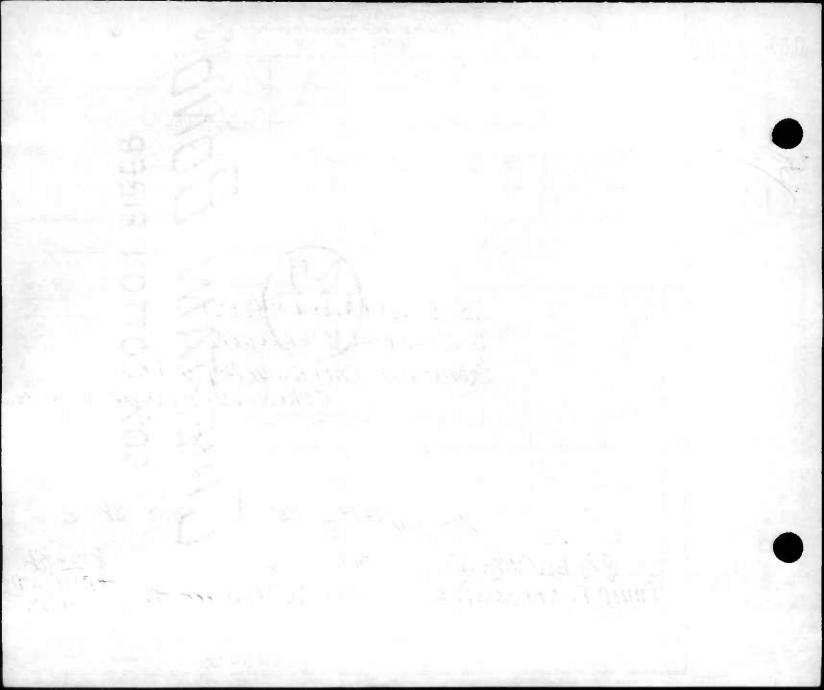


### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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			ie Ma	e D	avis		6	26 86	8:38рм		
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		PHILIP F.	RENOVE	WYZ		0435 M.	SELVEDBLE H	V	2034		
	23a a	SURIAL CREMATION REMOV	AL DIE DATE	120/2	NAME OF C	EMETERY OR CREMATORY	1234 LOCATION		4104)		
	1	Burial	6/30/	Control of the contro		t. Mem. Pk.	Laurel.	Md.	STATE		
		JNERAL DIRECTOR	0,007	1 11	u . 140	Use DAT	E REC D. BY REGISTRAN 256 REC		TUDE		
	1,	NAME	114	4300 Wal		Ave. Ju	IN 3 () 1006 -	JUNE SIGNA	Assistant .		
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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Male Caucasian 26 09 TENTHPLACE IN ATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED Maryland U.S.A. DIVORCED WIDOWED B CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Roofer Baltimore Bon Secour Hospital USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13n STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? Baltimore Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE John Ellen R. M. Davis 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN LIEYES GIVE WAR OR DATEST 218-07-8751 Anne Pearl No Davis 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost DIVISION OF VITAL RECORDS, 201 RELATED TO THE TERN CERTIFICATION 20a AUTOPSY DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED Mental Hygiene NOT 710 ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 80 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 211 LOCATION 0 AT HOME, STREET, FACTORY, OFFICE FARM ETC ) AT WORK NOT WHILE 22a | certify that (I) (this haspital) attended the deceased from sow the deceased alive on Cobove, (I) (we) (did) (did not new the bady after death Dept. DEGREE ATTENDING MEDICAL be deta e State I 22e ADDRESS 234 PHYSICIAN'S HAME ould be

Cremation Society of Md. Inc. Balto. Md

DHMH - 16 60M 7/84 (VRA 15, 4)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 2b HOUR Alan 0 IF UNDER 1 YEAR (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 1. SEX BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Richard 13e.STREET, ADDRESS / ZIP CODE 2824 Hendsdale Road 21230 Hov 2028 Wilkens 21229 Ave. ON IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 CITY OR TOWN COUNTY STATE ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated STAFF ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 23d LOCATION 230. BURIAL CREMATION, REMOVAL 1 334 DATE 23c NAME OF CEMETERY OR CREMATORY Cremation 6-9-86 Catonsville Security Process 250. DATE REC'D. BY REGISTRAR 251. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

STATE OF MARYLAND

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be execu-		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) I IF YES GIV YES 1947-	E WAR OR DATES)	213 26 9		Mrs. Jean Day	ADDRESS 2	21085 on Road, Jopp	a.M
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ing physic and physic services arial-transental Hyge teem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M.	NJURY MONTH DAY	YE AR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
ottending of the property of t	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREET	INJURY , FACTORY, OFFICE, FAR	M ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY	STAT
ATTENDII spitol or CTOR: A I for use of Heoli		220.1 certify that (this haspi saw the deceased alive on abave, (b) (we) (did) (did)	JUNE	2 19 8	6 , ar	d that in (a) (aur) opinian	death accurred on the date of		es state
ral OR y the hoy the hoy and DIRE detached at Depth out. If then		226 SIGNATURE ON A	han L	Olas:		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	DATE SIGN	GC.
O HOSPITA TO FUNERA should be di		274 PHYSICIANS WAME WHICH	ASS MO			Coch K	laven VA	HOSPITAL	
BP		Burial, CREMATION, HEMOVAL (SPECIFY)	236 DATE June 5,1			emetery or crematory  Memorial Gard	23d LOCATION CITY OR YOWN  dens, Bel Air	COUNTY Harford M	d.
DHMH - 16 60M 7/B4		INERAL DIRECTOR Ward K. McComas					E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE	1.000

STATE OF MARYLAND

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7	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	SIENE O O REG. N	0	5	7
	1. DECEASED NAME FIRST MIDDLE LAST					20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
(	TYPE OR PRINT)		6/22	186	0.				
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4	Male	White		July		73	YRS		OURS MIN
-	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)  Maryland		7b. CITIZEN OF WHAT COUNTRY? 8 MARI  U.S.A. WIDO  11. NAME OF HOSPITAL, NURSING HOM  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  UNION MEMORIAL HOS		D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE		CITY	
4//1	CITY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUC				12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Navigato	126 KIND OF BUSINESS C INDUSTRY U.S.Navy		
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I4	FATHER'S NAME	MIDDLE Compared 1	LAST DOTT		15 MOTHER'S MAIDEN NA			Robins	022
0 14	Harry May WAS DECEASED EVER IN U.S	Cantwell	Day	IPITY NO	Helen	ADDR	ESS 2039		011
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ant, the	18 CAUSE OF DEATH (Enter only one cause per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Lardia C Arrest							APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEAT
s any injury, or oth	Cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a  190 DATE OF OPERATION  190 CONDITION FOR WHICH OPERATION WAS PERFORMED  210 ACCIDENT WAS UNDERLYING  210. ACCIDENT WAS UNDERLYING  210. TIME OF INJURY  211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)								DEATH?
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If them 21 is marked or them 1	OR CONTROLOUGHE CALLER O	FDEATH HOUR A.	M. MONTH DA	AY YEAR	The result of the second	(Engles awards Or 1930	AT IN THE TOTAL TO	ON PART 27	
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	220.1 certify that (1) (this haspital) attended the deceased fram 516, 19 419, to 5122, 19 saw the deceased alive an 5122, 19 410, and that in (my) (aur) opinion death accurred on the date and hour a above, (1) (we) (did) (did not) view the bady after death.								(I) (we) li
	226 SIGNATURE, DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN								2/96
MPORTANT	22d. PHYSICIAN'S NAME OF	ta Bar			Union Men	norial Ho	spital,	33rd St	t, bal
_ [	Burial, CREMATION, REMO (SPECIFY) Cremation	VAL 231. DATE	3-86 236.1	_	emetery or crematory nmount	Baltimore			rylat
7/B4	FUNERAL DIRECTOR	Jieck Feld	ADDRESS 657	0	bock Rd. 250. DAT	JN 24 1986	25b. REGISTRAR		dellla

STATE OF MARYLAND

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## STATE OF MARYLAND

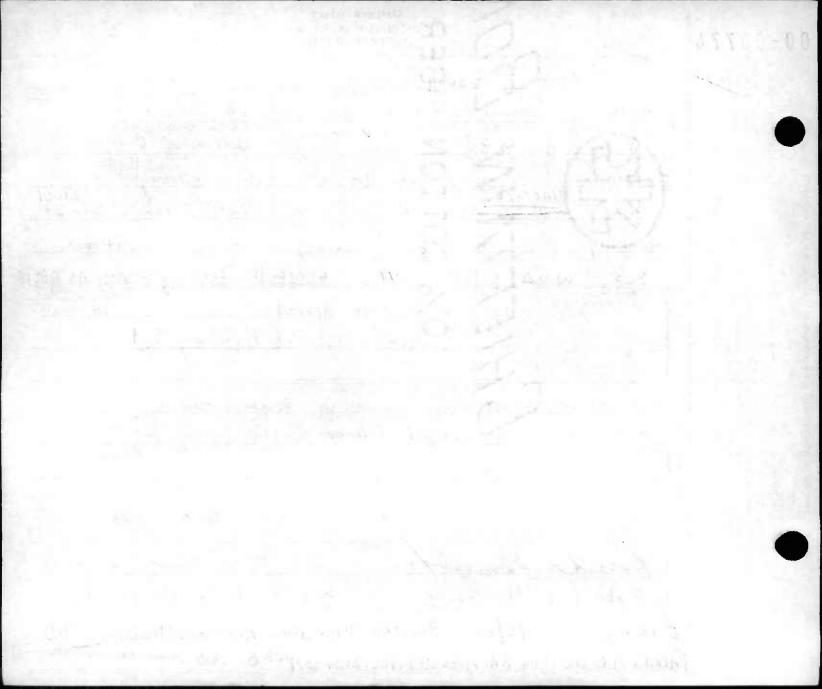
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1-	FOR STATE REGISTRAR	DEPA		IEALTH AND MENTAL HYG	0 0	1 6	4 9 4
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		OUNTRY) N. Y.	USA	MARRIE	DIVORCED	Baltimo		7MD.
4	10_01	Baltimore	NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVEST		Hospital	(TYPE OF WORK FOR MOST O	F WORKING LIFE   INDUS	ND OF BUSINESS OR
	USUA 130. S	AL RESIDENCE (IF NURSING A MACHINE MACHINE)	ALFORD IN GIVE RESIDENCE B	EFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS		Street
1	14.FA	THER'S NAME Anthony	MIDDLE Deeri	na	15 MOTHER'S MAIDEN NA. FIRST Mary	1 MIDDLE	4	Lalak
4	160 W	7	MED FORCES? 166 SOCIALS		17 INFORMANT	Anne	SS	- CAGO
7		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES!	10-344	-1. 1	eth Deer	ing - SAF	ME AS ABOY
1		18 CAUSE OF DEATH (Enter on	ily one couse per line for (o), (b)	, and ic			BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSE IMMEDIAT	TE CAUSE (o)	Card	iac Arrest	- 11		15 minutes
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		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF			/	
		underlying couse last	(c)					
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Ħ	ATI	19a DATE OF OPERATION	196 CONDITION FOR WH			20a AUTOPSY?	206 IF YES, WERE F	NDINGS USED
	CERTIFICATION	4-28-86	Esopha	geal (	Cancer	YES NO	IN CERTIFYING CA	JSES OF DEATH?
		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	11b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART T OR PAI	77 2)
1	O	(IF EITHER NOTIFY MEDICAL EXAMINER		19	211 LOCATION			
١	MEDICAL	TIM. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	STREET	CITY OR TO	WN COUN	Y STATE
		27a I certify that (I) (this haspit saw the deceased alive on		JIII	1-25 19 86		19_86	
-		obove, (1) (we) (did) (did no	t) view the body after death		nd that in (my) (our) apinion	death occurred on the do		
		77b. SIGNATURE	1. Munal	2/	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAR	F _ / /	- 2 - 86
4		22d. PHYSICIAN'S NAME (TYPE O	PRPRINT)		22e ADDRESS	0 /	11 0	0
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		URIAL, CREMATION, REMOVAL PECIFY)	4/5/86	HARFOR	EMETERY OR CREMATORY	S ABERDEEN	J. HARFOR	M'N
	24 FU	NERAL DIRECTOR	ADDRE	ESS	25a. DAT	REC'D. BY REGISTRAR	256. REGISTRAR'S SIC	74.6
	IA	ering tuneraly	10MB, K.A. HBER	DEEN W	1D. 21001-3899	.1900	1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT. If Item 21 is marked or Item 18 showsony injury, or other traumatic event, the



by the funeral director, page 3 filed within 72 hours ofter death

may be

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FOR	DEPARTMENT OF
- STATE	CEDT

STATE OF MARYLAND F HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

S S REG. N	0.	6	diğ	9	31
TE OF DEATH	MONTH	DAY	YEAR	2h HOUR	

	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.			
	CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH	DAY YEA	R 2b	. HOUR
(TYPE	OR PRINT)	ANTOINET	TTE (T	ENNIE)	DENI	SUK		6	22 19	86	10 30 AM
3 SEX	<		RACE		5. DATE C		6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS D		UNDER 24 HRS OURS MIN.
-	emale		Cauc.		MONTH 7	12 1898	87	YRS		A15	DORS MIN.
7a. BIF	RTHPLACE (STATE	OR FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF DEAT	Н	
	aryland		U.S.A		WIDOWE		Baltimon	e Cit	v		MD.
10. CT	TY OR TOWN OF	DEATH 1			IG HOME	OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION	12b. KIN		USINESS OR
	altimore		F.S.K	. Med. CT	ntr.		Homemake		LIFE) INDUS	IRY	
USUA 13a. S		136 COUN		GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRES	S			
Ma	arvland	-		Baltimo		YES NO	6722 Young		Ave.	21:	222
	THER'S NAME					15. MOTHER'S MAIDEN NA	ME	0 00 1111			
	Unkne		NDDIE	LAST		Unknow	n MIDDLE			LAST	
	VAS DECEASED E			166. SOCIAL SECU	PRITY NO.	17 INFORMANT	ADD	RESS			22
	es, no or unknown	(IF YES, GIVE	WAR OR DATES	213-18-1	1502	Ms. Elaine Sh	nelton - 67	22 Yo	ungsto	wn /	Av., 212
MEDICAL CERTIFICATION	PART 2. OTHER S	any, which immediate tating the puse last.  SIGNIFICANT CO	(b)	ITION FOR WHICH	ENCE OF ENCE OF	Cardiom  NOT RELATED TO THE TERM  N WAS PERFORMED	VINAL DISEASE OR CO	20b. IF Y	ES, WERE FII TIFYING CAU YES	NDINGS ISES OF	
AL CE	218. ACCIDENT WAS OR CONTRIBUTING		n l	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM 18	B PART 1 OR PAR	2)	
MEDIC	21d. INJURY OCC		21e PLACE			211. LOCATION STREET	CITY OR	TOWN	COUNT	,	STATE
	22 a. I certify tha	t (I) (this haspite	at) attended th	e deceased from_		, 19	, ta		19	, tha	t (I) (we) fast
2	saw the dec abave, (1) (w	eased alive on_	Lview the body	after death.	, 01	nd that in (my) (our) opinion	death occurred on the	date and h		the cou	ises stoted
> 1	saw the dec abave, (I) (w 276. SIGNATURE 27d. PHYSICIAN	e) (did) (did nat	Kat.	after Jeath. 19—		DEGREE ATTENDING PHYSICIAN  270. ADDRESS ADDRESS		AFF SICIAN 🗌	our and fram 22ε. D	the cou	

BP. DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and should be detached for use as the buriol-transit permit. Then please remove carbanpopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

OR ATTENDING PHYSICIAN: The law

TO HOSPITAL OR ATTENDING PHYSICIAN; The retained by the hospital or attending physicion.

injury, ar other traumatic event, th

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

24 FUNERAL DIRECTOR Walter Dabrowski - 1005 Dundalk Ave., 21224 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE This Varidoon Randall AND A COLUMN TO THE REAL PROPERTY OF THE REAL PROPE

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4			REGISTRAR PERST	TICTIE	MIDDLE	l.	AST	20 DATE	REG. NO.		1-0-1	HOUR
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to to	-	70. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)		OF WHAT COUNTRY	Y? 8	NEVER MARRIED	0.0012100	ORE CITY OR C	OUNTY OF DI		
m 72	$2^{t}$	Ma	ryland	US		WIDOWE	D DIVORCED	D par	timore	City		
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hould be	35	13e. S	AL RESIDENCE (IF NURSING HOME TATE		TION GIVE RESIDENCE BEF 13c. CITY OR TO		13d INSIDE CITY LIMIT	8010	ADDRESS ZI	PCODE S	t. 2	161
opmin	91	14. FA	THER'S NAME FIRST	MIDDLE	LAST		Deanth:		MIDDLE	,	LAST	
0 0	4	160 V	Marcus (AS DECEASED EVER IN U.S.	L.	Hayth		17 INFORMANT	4	A DDRAS	6 Phi	Denna	ra + S+
Poge medic	1	()	ES, NO OR UNKNOWN) (1F YES.	GIVE WAR OR DATE	-		Elsie R.	M. Denr	ard Ca	mbrid	ge, N	ID
No. of London			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one cause SED BY: IATE CAUSE (a	per line for (a), (b), CARDIC	ond (ct.)	PIRATOR	( FAI	LURE		APPROXIMAT BETWEEN ONSI	E INTERVAL
100				DUE TO	O, OR AS A CONSEC	UENCE OF	DAKT	YNROM	2 4 5			
			Conditions, if any, which gave rise to immediate	) (b	DEVER	= KES	P. DIS 1. S	ANVOID	PNEI	MONIA		
ol, cre			cause (a), stating the underlying cause last	DUETO	PREMA	TVRIT	Y. INTRAI	ENTR				
Then plant of the formal or to bush or impury, o		LION	PART 2 OTHER SIGNIFICAN BILATERAL	- PN	EUMO TH	ORAC	ES					
plene prin hows on	1	CERTIFICATION	190 DATE OF OPERATION		ONDITION FOR WHICE	OPERATION		YES X	NO IN	E. IF YES, WER CERTIFYING YES [	CAUSES OF	USED DEATH?
infiltron and Hy tem 18 i	2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR	AE OF INJURY R A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER	NATURE OF INJURY IN	ITEM 18 PART 1 OF	PART 2)	
othe but had Me		MEDICA	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		ACE OF INJURY E. STREET, FACTORY, OFFIC	E FARM ETC)	211 LOCATION STREET	NA_	CITY OF TOWN	cc	YTMUC	STATE
of Health			220. I certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did)	.1 5			d that in (my) (our) opi	nion death occur	red on the date			t (I) (we) ises stated
detached ate Dept. IT: If Item			22b. SIGNATURE	athat	>	(	DEGREE ATTENDIN PHYSICIA	IG MEDICA	STAFF		5.7	
should be de with the Stat MPORTANT			22d, PHYSICIAN'S NAME (TYPE	PAT	HAK, M.	D,	4940 EAS	TERN	AVE	3440	M).2	122
APO AP		23a B	URIAL, CREMATION, REMOV		- 4		EMETERY OR CREMATO		TATION TY_OR TQWN	COUN	JTY _	STATE
should b		B	ürial	5-1	0-86	(10n C	emetery	Eas	t New	Warket	t.Dor	ch.

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npletely filled in by the funeral director, page 3 and 2 shayld be tiled within 72 hours after death

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	6	n-g	3	
	REG. NO.					

		REGISTRAR				CERTIF	ICATE OF DEATH	REC	6. NO.	100	4	
		CEASED NAME	FIRST		MIDDLE	^ '	AST	2a. DATE OF DEAT		DAY , YEAR	26. HC	OUR
	,,,,,,	17	ARY	V		DET	ROW.		6.	24.86	8:	35PM
1	3. SE)	×	4	RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAY	S HOURS	ER 24 HRS
		Female			hite	6	2-1-02	84.	YE			
		RIHPLACE (STATE OR FO	OREIGN 7		WHAT COUNTRY	MARRIE	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF DEATH		
		Iowa		U.S.A		WIDOWE						MD.
	5	ITY OR TOWN OF DEA	TH 1	(IF NOT IN SUC	H FACILITY, GIVE STREE	T ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUI	OST OF WORKIN	NG LIFE) INDUSTR	OF BUSI	
-		Altimore AL RESIDENCE (IF NURSI			amaritan		ital	Ret	Shoe I	actory-	Super	visor
2	130 S		13b. COUNT		13c. CITY OR TOV Baltimo	WN	13d INSIDE CITY LIMITS? YES X NO [	13e STREET ADDRE	SS / ZIP C	Ave. 2	1206	
1	14 FA	THER'S NAME	M	IDDLE	LAST		15 MOTHER'S MAIDEN NA		E		LAST	
		Charles		0.	Kendall		Eleanor	N.		Bows		
		VAS DECEASED EVER I YES, NO OR UNKNOWN) NO		WAR OR DATES)	213-03-		Mr. John C.	1084	DRESS	Jarrett 106 Cha	svil]	le, Md net Dr
1		18 CAUSE OF DEATH	(Enter only	one couse per	line for (a1, (b1, a)	nd (c u)				APPR	DXIMATE IN N ONSET AF	ERVAL VD DEATH
1		PART I. DE ATH WA	AS CAUSED IMMEDIATE		HYPOTE	WIION	V. SECONDAI	RY TO Ruy	steere	el.		
			W1011ED 1111E	45-97	r as a consequ	IENICE OF	N. SECONDAI	Aneu	rysn	7 .		10-18
1		Conditions, if ony,	which	(b)	K AS A CONSEGRE	JEINCE OF						
1		gove rise to imm couse (a), stating	ediote		R AS A CONSEOU	IENICE OF					110	
		underlying couse		(5)	R AS A CONSECU	JENCE OF						
1		PART 2 OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION	GIVEN IN PART	10	
	O	THE SECTION										
	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		YES, WERE FINE		
1	RTIF							YES NO		YES 🗌	NO	
2		OR CONTRIBUTING		216. TIME O HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR PART ?	)	
	CAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER)	Ρ.		19	C 150					
1	MEDICAL	21d. INJURY OCCURR		(AT HOME STE	OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	CITY	RIOWN	COUNTY		STATE
1	-	AT WORK AT WOR	K U									
ı		22a.l certify that (I) (		il) ottended th	e deceosed from.	21	. 19	, to			_, that (I)	
		sow the deceased above, (1) (we) (de	d olive on _ id) (did not)		olter deoth,		nd that in (my) (our) apinion	death accurred on th	e dote and			
		22b. SIGNATURE	han	Mz			DEGREE ATTENDING PHYSICIAN	MEDICAL :	STAFF YSICIAN X		te Signei	)
1		22d. PHYSICIAN'S NA	ME (TYPE OR	PRINT		Ja-Ji	22e ADDRESS	-	144	. /		
		SHAK	ERA	. KH	AN.		GOOD SA		N. H	ospila	26 .	
		URIAL, CREMATION, R		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
		Cremation		6-25-8	6 W	estvi				Marylan		
	74 FL	JNERAL DIRECTOR			ADDRESS	262	25a DA	TE REC'D. BY REGISTI	1	SISTRAR'S SIGN		AXIL
		Leonard J.	Ruck	, inc.	Paltimor	re, ma	•	11N 0 6 108	26	10000		

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL (retoined by the

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Leonard . . Fue , Inc. Daitimore, Mc.

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	ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours Mari death. Page 4 and followed by sides.	OR: After this certificate has been signed by the ottending physicion and completely lilled the vitte mineral progression of a should be filled with 77 must introduce the business premit. Then please remove corbon papers. Pages, and 3 should be filled with 77 must introduce the business than a National Mygiene prior to busins, cremotion, or removal.
	w death.	The Table
1021201	4 hours	led in by t
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	ed within 2	mpletely III
LTIMORE,	be execut	rs. Poges
N ST., BA	certificate	ding physic prbon pape or removal
V. PRESTO	t the death	the otten
NDS, 201 V	equires tho	fhen please to buriol, a
TAL RECO	The low re	sit permit.
ON OF VIT	HYSICIAN:	is certificat buriol-tran Mental Hy
DIVISI	ENDING PHYSICIAN: The kolon or ottending physicion.	OR: After this certificate has been signed by the attending physicio ruse as the buriol-transit permit. Then please remove corbon papers: Health and Mental Hygiene prior to burial, cremation, or removal.
	MAI -	() -

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 2b. HOUR (TYPE OR PRINT) MARIE DEVORE 24 THELMA 86 00 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX 4 RACE FEMALE WHITE MONTH YEAR 04 01 06 80 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Maryland DIVORCED Baltimore City USA WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Clerk PotatoChipDist. Baltimore City St. Agnes Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
13a. STATE
13b. COUNTY
13c. CITY OF TOWARD 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Violetville 3300 Ave., Apt. 301 Maryland Baltimore Benson NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Weisman Frank Martindale Lena 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 216-20-1889 Marvin Martindale, 1206 Canberwell Rd.21228 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o A CONSEQUENCE OF fleeding Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 286. IF YES, WERE FINDINGS USED to DATE OF OPERATION ENDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 18 sh 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH tem (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION ō CITY OF TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE rked AT WORK NOT WHILE AT WORK

22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

las 27d PHYSICIAN'S NAME WYPE OR PRINT)

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

MEDICAL

Elkridge

ATTENDING

Maryland

IEFFENBACK 23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY

Howard

Burial 24 FUNERAL DIRECTOR

6/26/86 Meadowridge Mem. Pk. 21229

who Davidson-Mangrage

STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL DIR ould be detoch hithe Stote Dep

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MPORTANT

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3	6	1	6	44	9	
	REG. NO.					

	FOR STATE REGISTRAR	DEPARTA		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	1	6 4	9 4
	I. DECEASED NAME FIRST OR VE	MIDDLE Ellis		ries	20 DATE OF DEATH M	ONTH DAY	PG 21	6.10 PM
		RACE	5. DATE		6 AGE (IN YEARS LAST BIRTH			FUNDER 24 HRS
	Male	White	MENT 6	4 1920	66	YRS	NINS DATS A	OURS MIN,
,		LOUNTRY?	8	DE NEVER MARRIED	9 BALTIMORE CITY OR		FDEATH	
4	Oregon	U.S.A.	WIDOW		BALTIMOR	8 C1	174	MD.
7	BALTIMORE	1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET North Charles G	ADDRESS)	_	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Mechanic	N NORKING LIFE)	126 KIND OF B INDUSTRY Auto De	BUSINESS OR
5	USUAL RESIDENCE (IF NURSING HOME OR OF IS 136. STATE 136. COUNT Maryland		N	13d. Inside City Limits? Yes 🔼 no 🗌	13e STREET ADDRESS / 2232 Lake A	ZIP CODE Venue	212	13
	14 FATHER'S NAME FIRST M	de <b>Vries</b>		Rose Rose	WE	Tr	rachsel	
	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATEST		17 INFORMANT	ADDRES			
	Yes WW I	217.26.5	972	Doris F. deV	ries (same a	s 13e)		
		DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING OF	NEEDF O CO	ence the indial furnor related to the term	tarcho Harcho Inaldisease or condi	TION GIVEN	IN PART 110	
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		VERE FINDINGS NG CAUSES OF	
7	21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT OF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  WHILE NOTIFY MEDICAL EXAMINER)  22d. I certify that (1) (this haspite saw the deceased of each above, (1) we) (did 1) and 22b SIGNATURE  22d. PHYSICIAN'S NAME (TYPE OR SECOND ADDITIONAL STATES OF THE CONTRIBUTION OF THE CONTRIBUT	P.M.  21e. PLACE OF INJURY IAT HOME. STREET, FACTORY. OFFICE. F  all) attended the deceased fram view the bady offer death.  PRINT!  UNEAN M.	ARM ETC)	211 LOCATION 211 LOCATION STREET  211 LOCATION STREET  ATTENDING PHYSICIAN D  22e ADDRESS  ATTENDING PHYSICIAN D	city or rowl	. 19.	, tho nd fram the cau	
	(SPECIFY) Cremation			ount Cremator	CITY OR TOWN		MD	STATE

TO FUNERAL DIRECTOR: should be detached for us with the State Dept. of He

IMPORTANT: If hem 21 is morked or hem 18 sh

Cremation

DHMH - 16 60M 7/B4 (VRA 15, 4)

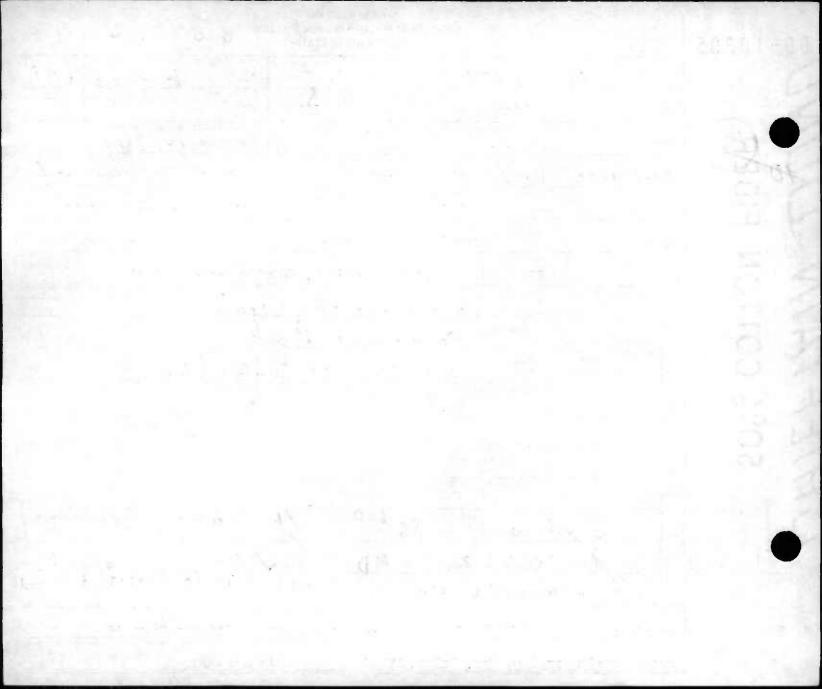
Green Mount Crematory Baltimore City, MD

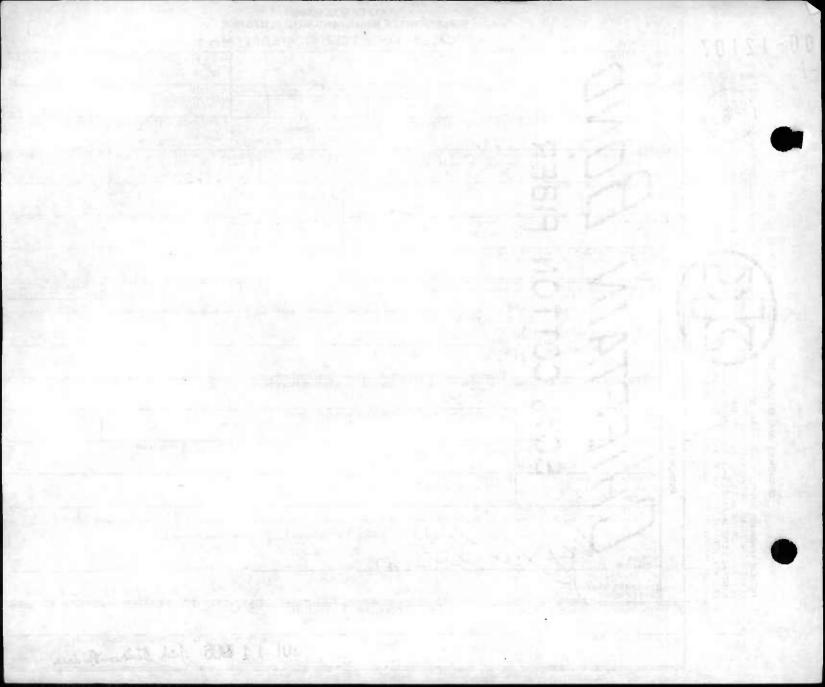
250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Walter Brooks Bradley, Inc. Balto., MD 21222

JUN 24 1986

yuna Navidoon-Mangasas





AITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR AITENDING PHYSICIAN: The retained by the hospital or ottending physician.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.				

4		REGISTRAR						REG. N			I a a a
		CEASED NAME E OR PRINT)	Georg		DOLE	Dille	N .	20. DATE OF DEATH	6/3	3/86	26. HOUR
P	3. SE)	×	(1	race W		MONTH	DE BIRTH DAY YEAR -9-1913	6 AGE (IN YEARS LAST BE	YRS.	IF UNDER 1 YEAR	HOURS
35		RTHPLACE (STATE OR COUNTRY)	194	U.S.		WIDOWE		9. BALTIMORE CITY C	ity	OF DEATH	
5		Balto.		Good S	amarita	n Hosp	or other institution of tal	120 USUAL OCCUPAT LIYPE OF WORK FOR MOST Ret. Data	OF WORKING LIF	E) INDUSTRY	Chemi
od 180m L	13o. S	AL RESIDENCE (IF NUR STATE Md.	136 COUNTY		Balto.		13d INSIDE CITY LIMITS?	134 STREET ADDRESS Dill	/ ZIP CODE er Ave	. 2120	5
examine	14. FA	George	MID		Diller		Anna	C. MIDDLE		itsche	ST .
medico		VAS DECEASED EVER YES, NO OR UNKNOWN)	R IN U.S. ARME (IF YES, GIVE W	AR OR DATES)	66. SOCIAL SEC 215–01–	-	George J. Th	iess, 3204		ide Ave	212
ner traumatic e		Conditions, if any gave rise to im cause (a), stati	mediate ng the	(b)	AS A CONSEQU Metan AS A CONSEQU	tatie	lung ton	Lan			
njury, ar amer traumance	NO	gave rise to im couse (a), stati underlying couse	mediate ing the e last	(b) DUE TO, OR (c)	Metan AS A CONSEQU	Fatu JENCE OF	Lung Com	LS-7	ADITION GIV	'EN IN PART 11	0
ows only injury, or other traumorice	TIFICATION	gave rise to im couse (a), stati underlying couse	mediate ing the e last GNIFICANT COR	(b)	Metan AS A CONSEQU NTRIBUTING TO	DEATH BUT	Ling Com	ZOO AUTOPSY?  YES IN NOT	20%. IF YES	S, WERE FINDI	NGS USED
and 18 shows only injury, or other froumblice	AL CERTIFICATION	gove rise to im couse (a), stofi underlying couse PART 2 OTHER SIG	ATION  DERLYING CAUSE OF DEATH	DUE TO, OR (c)  NOTIONS CONDITI  196 CONDITI  216. TIME OF HOUR A.M	ME FANTAL STATE OF THE STATE OF	DEATH BUT		200 AUTOPSY?  YES NO	20b. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH
ixed or item to shows ony injury, or other fromotice	MEDICAL CERTIFICATION	gove rise to im couse (a), stoff underlying couse PART 2 OTHER SIG	ATION  NDERLYING CAUSE OF DEATH  CAUSE OF DEATH  CREED	DUE TO, OR .  (c)  NDITIONS CONDIT!  21b. TIME OF HOUR A.M  21e PLACE O	ME FOR WHICE	DENCE OF  DEATH BUT  H OPERATIO  DAY YEAR  19	N WAS PERFORMED	200 AUTOPSY?  YES NO	206. IF YES IN CERTIF YE	S, WERE FINDI FYING CAUSES	NGS USED S OF DEATH
n z i is morked or nem to snaws any injury, or omer traumonic e		gove rise to im couse (a), staff underlying couse  PART 2 OTHER SIG  190 DATE OF OPERA  210. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED  21d INJURY OCCUR WMILE   NOT W AT WORK   NOT W AT WORK   NOT W 220.1 certify that (1) saw the decool	ATION  AT	DUE TO, OR  (c)  NDITIONS CONDIT!  196 CONDIT!  216. TIME OF HOUR A.M. P.M.  21e PLACE OI (AT HOME STREE)  ottended the	AS A CONSEQUENTRIBUTING TO  ON FOR WHICH  INJURY  MONTH D  FINJURY  T. FACTORY, OFFICE  deceosed from.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM EIC)	216 HOW INJURY OCCURI 211 LOCATION STREET 19	200 AUTOPSY?  YES NO NO NOTE  RED (ENTER NATURE OF IN)  CITY OR TO	20b IF YES IN CERTIF YE URY IN ITEM 18 P	COUNTY	NGS USED OF DEATH NO 1
n nem 21 15 morked of nem		gove rise to im couse (a), stofi underlying couse (b), stofi underlying couse (b) and (c) and	ATION  AT	DUE TO, OR  (c)  NDITIONS CON  196 CONDIT!  216. TIME OF HOUR A.M. P.M.  21e PLACE O: (AT HOME STREE	AS A CONSEQUENTRIBUTING TO  ON FOR WHICH  INJURY  MONTH D  FINJURY  T. FACTORY, OFFICE  deceosed from.	DEATH BUT H OPERATIO  DAY YEAR 19 FARM EIC)	211 LOCATION STREET  211 LOCATION STREET  211 LOCATION STREET  212 A 19 2 G and that in (my) (aur) opinion of the physician o	200 AUTOPSY?  YES NO NO NOTE  RED (ENTER NATURE OF IN)  CITY OR TO	206 IF YES IN CERTIF YE URY IN ITEM 18 P	S, WERE FIND II	NGS USED OF DEATH NO 1
MICKIANI: If nem 21 Is morked or nem	MEDICAL	gove rise to im couse (a), stofi underlying couse  PART 2 OTHER SIG  190 DATE OF OPERA  210, ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER NOTIFY MED  21d INJURY OCCUR WHILE	INTEGRATED  ATION  ATIO	DUE TO, OR  (c)  NDITIONS CON  196 CONDIT!  216. TIME OF HOUR A.M. P.M.  21e PLACE O: (AT HOME STREE	AS A CONSEQUENTRIBUTING TO  ON FOR WHICH  INJURY MONTH D  FINJURY 1, FACTORY, OFFICE  deceased from her death.	DEATH BUT H OPERATIO DAY YEAR 19 FARM. ETC.)	211 LOCATION STREET  211 LOCATION STREET  DEGREE  ATTENDING	200 AUTOPSY?  YES NO NO NOTE  CITY OF TO  death accurred on the de	206 IF YES IN CERTIF YE URY IN ITEM 18 P	COUNTY	NGS USED OF DEATH NO 1

DHMH - 16 60M 7/84

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(VRA 15, 4)

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Leonard J. Rock, Inc., 1993 Unriord 3d.

1 - STATE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0	6	- 1	6	3
	REG. NO.			

7	100	REGISTRAR			CEKIII	FICALE OF DEATH	RE	G. NO.		
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEA	нгиом Н	DAY YEAR	2b. HOUR
O	Links	Zache	ries		Dir	nitri	June 18	1986		AA
9)	3.5E		4 RACE			OF BIRTH	6 AGE (IN YEARS LA		IF UNDER I YEAR	
		Male	W	hite	Sept		78	3 YRS	MONTHS DAYS	HOURS MIN.
7		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AA A DDIE	D NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
		Greece		S.A.	WIDOWI	ED DIVORCED	Ba	ltimore	City	MD.
0	10 CI	Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET Glenmore	ADDRESS]	(Residence)	12a USUAL OCCU	OST OF WORKING LIF		OF BUSINESS OR
10		AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)					
2	11100	laryland 136.CO	UNIT	Baltimo		YES NO	13e STREET ADDR 3018	Glenmor		21214
	14. FA	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME	nie.		
S		Dimitri		djizahari	ia	Not Know	m	ne	Bara	skevou
		WAS DECEASED EVER IN U.S.		166 SOCIAL SECU	JRITY NO.	17 INFORMANT	A	DDRESS		
H		NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	216-12-7	7033	Pauline Fly	mn 5508	Remmell		
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per	line lar (a b), an	nd ign	1	0	1 1	APPRO BETWEEN	XIMATE INTERVAL ONSET AND DEATH
			SED BY: ATE CAUSE (a)	lu	ZL.	my Hardle	al my	larde	de	1hr
)			DUE TO O	R AS A CONSCOU	ENCE OF	Ila A	9.0			1.00
/		Canditians, if any, which	( 1b)	Co.	wn	an Maril	alla	e		gears
3,1		gave rise to immediate cause (a), stating the	Sus To o	R AS A CONSEOU	ENCE OF					
		underlying cause last	(6)	R AS A CONSECU	ENCE OF	,				
		PART 2. OTHER SIGNIFICAN	CONDITIONS CO	ONTRIBUTING TO	DEATHBUT	NOT RELATED TO THE TERM	IN LOISEAS OR	DNDITION GIV	ENMARIN	a
	NO	Kul	monde	1 em	pur	pena,	alabe	to M	ellil	len
2	CERTIFICATION	DATE OF OPERATION	19b COND	TON FOR WHICH	OPERATIN	N WAS PERFORMED	20a AUTOPSY?		, WERE FIND	INGS USED S OF DEATH?
-	E E			1	115		YES NO		s 🗌	NO 🗆
2	1000	210. ACCIDENT WAS UNDERLYING		F INJURY	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 1B P	PART I OR PART 2)	
	S.	OR CONTRIBUTING CAUSE OF I	RAIN		19	Late Control				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION	CITY	OR TOWN	COUNTY	STATE
	2	NOT WHILE	(AT HOME SIE	REEL PACTORY, OFFICE P	PARM EIC)	1		. /,	0/	
		27a I certify that (I) this has	pital) attended th	e defeased fram_	-1-	10/18,19 8	2.10	6/4	19 06	, that (I) (we) last
d		sow the desired alive obove (1) (ye) (did) (did	not view the book	other shoth	06,0	nd that in (my) Jour) apinian	death accurred an t	he date and hau	r and Iram th	e causes stated
		224 SIGNATURA	1 /</td <td>V.</td> <td>- /</td> <td>DEGREE</td> <td></td> <td></td> <td>22c. DAT</td> <td>ESIGNED</td>	V.	- /	DEGREE			22c. DAT	ESIGNED
		/ naie	romo	per	/	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN []	6/	19/86
ľ		22d PHYSICIAN'S NAME (TYP	OR PRINT)			22e ADDRESS			- 1	17
		Dr. Mark S	. Kaplan	M.D.		16918 York	Rd. Mon	akton, M	arylan	d
		BURIAL, CREMATION, REMOVA	AL 23b. DATE	73c. 1	NAME OF C	EMETERY OR CREMATORY	73d. LOCATION		COUNTY	STATE
		Burial	Jun 21	1986 (	Freek	Orthodox Cem.	Bal	timore		Maryland
		UNERAL DIRECTOR		ADDRESS			E REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNA	TURE
1)		Leonard J. Ruc	k. Inc.	Baltimon	re. Ms	arvland	0 0 1000	10. K	· 4 70.	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, at should be detached for use o with the State Digit, of Health IMPORTANT. If New 21 is mis-

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	1-	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE & 6	6 5	0 3
		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR P
3:		PHYLL	IS C.	DIPI	ETRO		986	10:10
	3. SEX		4 RACE	5. DATE (	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
1	F	emale	White	Jan	6 7074	72 YRS		
150	7a Bi	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
2	Ma	aryland	U.S.A.	WIDOW		BALTIMORE (	CITY	MD.
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND O	F BUSINESS OR
-		BALTIMORE			S HOSPITAL	Homemaker	_	Home
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O	NTY 130 CHTY OR TO		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	)E	-1
	Ma	wland	Baltim		YES NO	3510 Claremor		21224
5	14. FA	THER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME		
6	5	Raphael	DelGuid	lice	Gelsomin	ia O	liva	51
		AS DECEASED EVER IN U.S. AF		1110	17 INFORMANT	ADDRESS 317	Slark	Drive
1	- (,	NO		-2174A	Mr. Vincent	DiPietro Syk		
		18 CAUSE OF DEATH (Enter of	nly one couse per line far (a), (b),					IMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY:	lis op	nic shock	K		
		IMMEDIA		UENCE			48	hours
		Conditions, if ony, which	DUE TO, OR AS A CONSEO	Candia +	anterior	MI	10	באויי טווי
		gave rise to immediate cause (a), stating the	(6)					
		underlying cause last.	DUE TO, OR AS A CONSEO	On and	, antery 1	urace	0111	
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 10	a,
	NO I	0 /	onary ode	100 6	t			
	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		ES, WERE FINDIN	
/	F						IFYING CAUSES	OF DEATH?
	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18		
1		OR CONTRIBUTING CAUSE OF DE		DAY YEAR				
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		21f LOCATION			
	W	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	STREET	CITY OR TOWN	COUNTY	STATE
		278 Learning that (1) (this hosp	pital) attended the deceased fram	Im	26 10 86	10 Tano 27	10 86	that (I) (we) last
		sow the deceased alive an	70 0	86.0		death occurred on the date and ha		
		22b. SIGNATURE	111	1.	DEGREE	MEDICAL STAFF	22c DATE	SIGNED
		11/14	u	191	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	16h	e ll
		22d PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS 600	N. /WOLFE/ST.	BALTO.	/MD.
		6. V.	HILL		Tohn's to	lopfus Mes Del	al Ba	timore
	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	2120	) 5
	1	Burial	July 1,1986	Sacr	ed Ht.of Je	sus Baltimore		yland
4	24 FL	INERAL DIRECTOR			Conkling 250 DATE			
	し	oseph N.7		21224	SY JU	2 - 1986 Julian	1011/03/07-19	
			11111					

STATE OF MADVIAND

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Item 21 is morked or Item 18 shows any injury, or other trau

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00-10019		REGISTRAR			CERTIF	CATE OF DEATH	REG.	NO.		-4
00-10013		CEASED NAME FIRST	MID		1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
ge 3	1	Catheri	ne M		Doh	ony		6	18 86	1:30AM
free d	3 SE	х	4. RACE		5. DATE O		6 AGE (IN YEARS LAST	SIRTHDAY)	MONITO DAYS	IF UNDER 24 HRS
ge A		Female	White		Nov		83	YRS		
2 Podi		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WE		8. MARRIE	NEVER MARRIED	9 BALTIMORE CITY			100
deo deo		Colorado	U.S.		WIDOWE		Baltimo			MD.
201 Softer is offer tilled with the f		Baltimore	(IF NOT IN SUCH F Un	Ion Memo	ria1	ROTHER INSTITUTION Hospital	120 USUAL OCCUPA (TYPE OF WORK FOR MOS Technical	OF WORKING		Geologi- Survey Co.
4 hour led in id be	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUL	NTY 13	ve residence before b. CITY OR TOWN Baltimo	4 1		13e STREET ADDRESS 3009 Ba	/ ZIP COI Yonne	Ave.	21214
RYLL A	14 F	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		IA.	ST
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Daniel	Ma	ahoney		Gert	rude		Ma	rshall
BALTIMORE, core be resecuted in percentages and in		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI		579-44-		Mary Dohon		ress <b>) sa</b> n	ne addr	ess
ST., BALT		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause per lin ED BY: TE CAUSE (a)	efortal, (b), and Lere bro	1101 V=50	ulas acc	ident		APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
Thur the death of the the death of the other day the other day and all committees out of the other troumonts of the other troumonts.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	(b) 3	AS A CONSEQUE	0 V C	crebrovaseu	lav acci	dent	2	4-30
RDS, 2D equires Then ple Then ple To burn	NOI	PART 2 OTHER SIGNIFICANT	conditions con ibrillat			Pacema		NDITION G	IVEN IN PART 1	a
AL RECORD  The low requirement The series of permit The series of perion to the series of the series	TIFICAT	19a. DATE OF OPERATION	196. CONDITIO	ON FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDI IFYING CAUSES YES [	
OF VIT.  OF VIT.  O physical and transmitted byg  tent (8 s)	CAL CES	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	NJURY MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 2)	1
OIVISION OF All PRESCIA other this certifies the face that becall it and Merical intend or term	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY , FACTORY, OFFICE, FA	RM, ETC )	211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
TENDRA patal as TOR Al for vier affecting		220. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no	6/18	19 8	6/1 6 , an	d that in (my) (aur) opinion o	ta 6/18 leath accurred an the	date and ho		that (II (we) last causes stated
the AL DIFE.		276 SIGNATURE	1. 3	amul	0	DEGREE  ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	6/1	8/86
NER De de Sto	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		n Yi	27+ ADDRESS				
O HOSP eterned TO FUNI should b		Valerie J.	Barnwell,	M.D.		Unic	n Memorial	. NAXA	K Hospi	tal
5 6 2 2 3 ₹	23a	BURIAL, CREMATION, REMOVAL	23b. DATE	23c N	AME OF C	METERY OR CREMATORY	23d. LOCATION			41.11

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

nne Ave. 21214 Marshall same address APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ON GIVEN IN PART Tra L IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ ITEM 18 PART | OR PART 21 COUNTY 19.86 , that (II (we) last and hour and Iram the causes stoted MXXX Hospital REMOVAL 6/18/86 St. Malachy's Cem.

REMOVAL 6/18/86 St. Malachy's Cem.

REMOVAL 6/18/86 St. Malachy's Cem.

3331 Brehms Lane, Balto. Md. 21213 JUN 2 N.Y. Sherburne

DHMH - 16 60M 7/B4 (VRA 15, 4)

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ COUNTY STATE and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED id be deto FUNERAL MPORTANT: Dr. Hunter Wilson 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) 6/21/86 ARBUTUS MEMORIAL PARK BUR LAL Baltimore, Maryland 24 NUTTER SOSONS FUNERAL HOME, INC. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2501 GWYNNS FALLS PKWY. BALTIMORE, MD. 21216 (VRA 15, 4)

STATE OF MARYLAND

2b HOUR

12b. KIND OF BUSINESS OR

DAVENPORT

POSTAL

IF UNDER 24 HRS.

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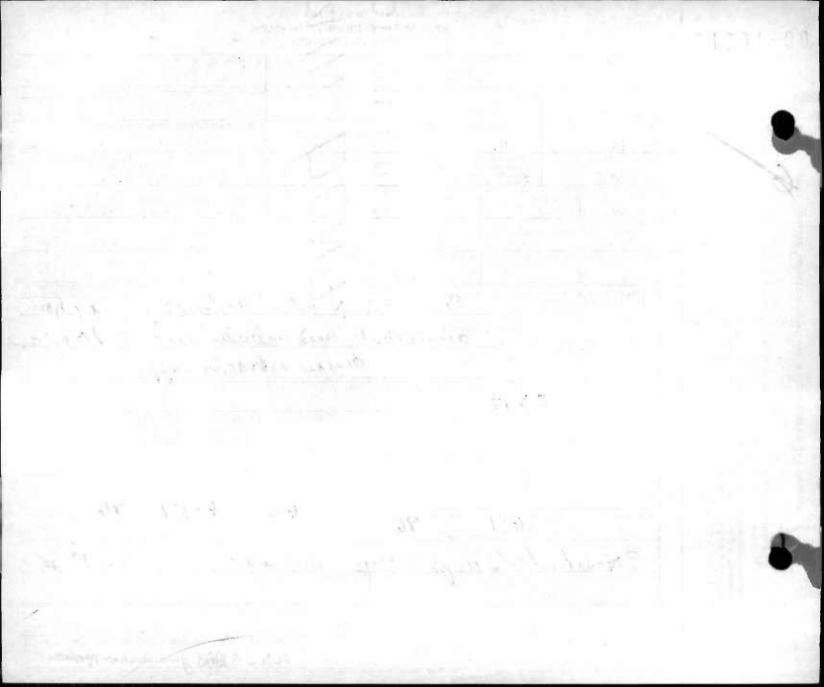
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IF UNDER 1 YEAR

DHMH - 16 60M 7/B4



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DHMH - 16 60M 7/8 (VRA 15, 4)

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### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.					
	CEASED NAME FIRST		MIDDLE	l	AST	20. DATE OF DEATH		DAY YEAR	2b. HOUR			
(146)	TOSE	PH		D	ONATI		JUN	27 86	3:23A			
3. SE	x Male	4 RACE White	S. DATE OF BIRTH  MONTH  Dec. 13,1901			6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER MONTHS DAYS HOURS YES.						
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Italy	U	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUN	TY OF DEATH	ME			
	Baltimore	Good G	Samaritan	Hosp	or other institution	(TYPE OF WORK FOR MOS			OF BUSINESS OR			
13a :	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU		13c. CITY OR TOWN  Baltimos	1	13d. INSIDE CITY LIMITS? YES X NO			Ave. 212	06			
	ATHER'S NAME FIRST Samuel		Donati		15. MOTHER'S MAIDEN NAM	MIDDLE		LAS	1			
		RMED FORCES?	216-01-32		Mrs. Genevie		Same		MATE INTERVAL ONSET AND DEATH			
NO	Conditions, if ony, which gove rise to immediate couse (o1), storting the underlying couse last.  PART 2 OTHER SIGNIFICANT	DUE TO, O	R AS A CONSEQUE	NCE OF	CA_BLADDE				2			
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH (	PERATIO	N WAS PERFORMED	200 AUTOPSY?  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO NO						
	210, ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF IT	D (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)					
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC )	21f LOCATION STREET	CITY OR TOWN COUNTY STA						
	270 Lecrtify that (1) (this hosp saw the deceased alive or above, (1) (we) (did) (did n 27b. SIGNATURE	n	19		nd that in (my) (our) opinion o	, to						
	22d PHYSICIAN'S NAME (TYPE B.J. Hart	OR PRINT) MD	//	Ils K	PHYSICIAN DATES Good Samarit			Md.	1/00			
	BURIAL, CREMATION, REMOVA	L 236 DATE	23c. N.	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE			

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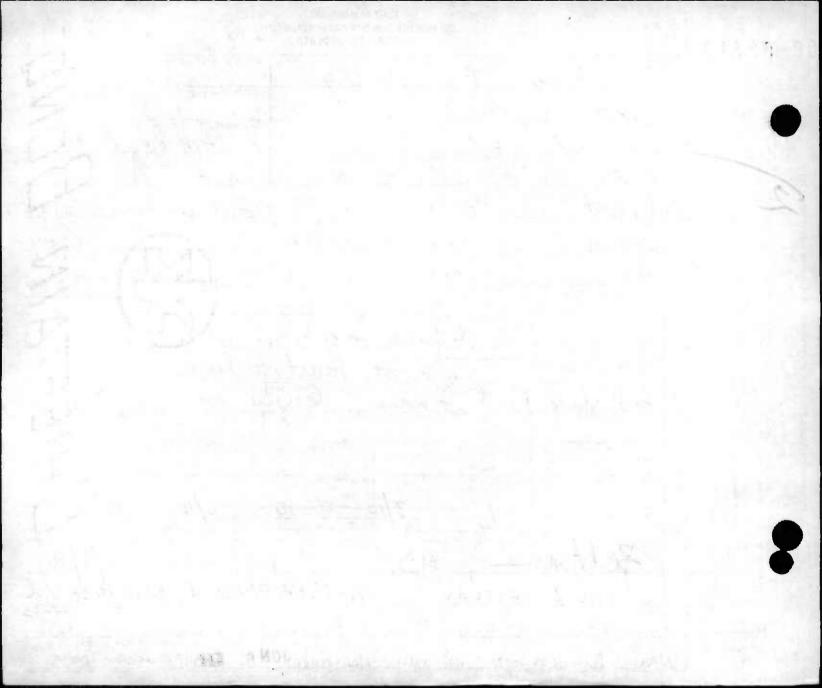
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#### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a DATE OF DEATH I DECEASED NAME MONTH DAY YEAR 2h HOUR TTYPE OR PRINT dept 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH TO CITIZEN OF WHAT GOUNTRY TO BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN NEVER MARRIED MARRIED DIVORCED WIDOWED IN CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 141 More Relierdere Towers 21215 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line fu pope PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (o), stoting underlying cause last. pled TO THE TERMIN AL DISEAS OR CONDITION GIVEN IN PART CERTIFICATION 206. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY à IN CERTIFYING CAUSES OF DEATH? ond Mentol Hygiene YES [ NO YES [ NO F 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL Hem (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION 0 21e PLACE OF INJURY CITY OR TOWN STATE (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) STREET NOT WHILE AT WORK AT WORK 6 22a I certify that (1) (this haspital) attended; FUNERAL DIRECTOR. saw the deceased alive on. and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated the deceased and did not) view the body ofter death DEGREE 22c DATE ATTENDING MEDICAL STAFF should be deta DIRECTOR PHYSICIAN PHYSICIAN IMPORTANT 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE

25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

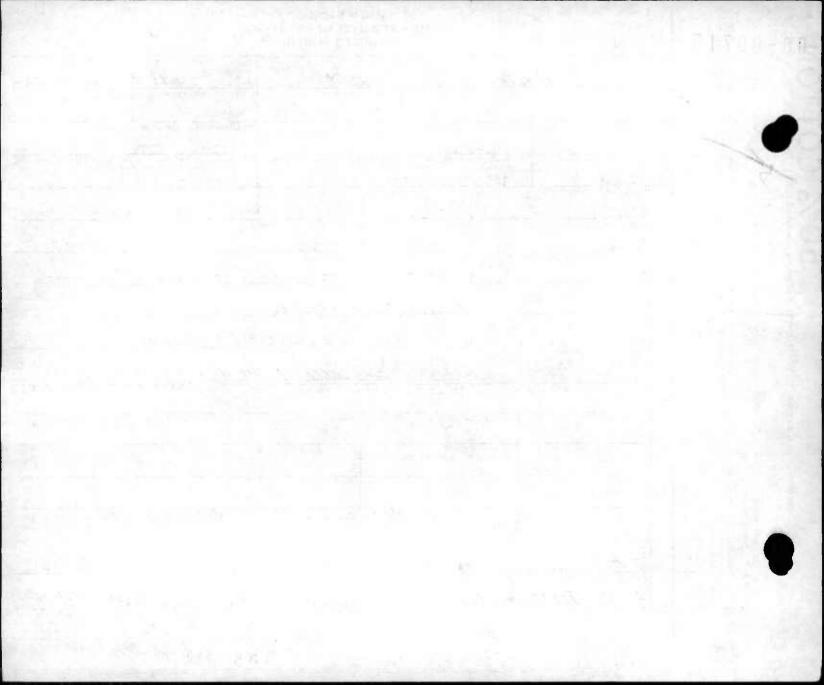
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-	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME (	OR OTHER INSTITUTION		BALTIMORE, O	CITY	12h KIND C	MD F BUSINESS OR		
DA	T TOTAL COLUMN		CH FACILITY, GIVE STREET			- (	TYPE OF WORK FOR MOST OF W	ORKING LIFE)	INDUSTRY	, 500 % 1200 C K		
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0	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE		LAS	ST		
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	WAS DECEASED EVER IN U.S. AI		166. SOCIAL SECU		17 INFORMANT		ADDRESS					
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VIION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO THE	TERMIN						
CERTIFICATION	194. DATE OF OPERATION	148 CONL	JITION FOR WHICH	JPERATIO	N WAS PERFORMED		200 AUTOPSY? 2	Ob. IF YES, W N CERTIFYIN YES [	PERE FINDING CAUSES	OF DEATH?		
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	A111	OF INJURY M. MONTH DA .M.	Y YEAR	21c HOW INJURY OC	CCURRED	ENTER NATURE OF INJURY IF	VITEM 18 PART	I OR PART 2)			
MEDICAL			EOF INJURY TREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET				CITY OR TOWN COUNTY STATE					
	220.1 certify that (1) (this hospital) attended the deceased from MAX f 1986, to SUNE 3 1986, that (1) sow the deceased alive on JUNE 3 1986, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stable (1) (we) (did) (did not) view the body after death.									that (1) (we) lost causes stated		
	22b. SIGNATURE  J. M. Juna  22d. PHYSICIAN'S NAME (TYPE O	may	m.D		DEGREE ATTENDIN PHYSICIA	NG AN	MEDICAL STAFF DIRECTOR PHYSICIAI	v 🗌	22c. DATE	SIGNED 1/86		
	22d. PHYSICIAN'S NAME (TYPE OF	0	, M.D	4	CHURCH AU	OSPIN	AC: 100 N. E	Bearan	114.8	(40.MD.		
	Burial, Cremation, removal (SPECIFY) Burial	23b. DATE 6-9-8	0.00		EMETERY OR CREMATO	ORY	23d. LOCATION CITY OR TOWN OWING MI	LIS	OUNTY M	22/2 IARYLAND		
	UNERAL DIRECTOR NAME WM.C.MARCH F/H		ADDRESS		250	JUN	EC'D. BY REGISTRAR 25		PSIGNAT	URE,		

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the deoth certificate be retained by the hospital or attending physician.

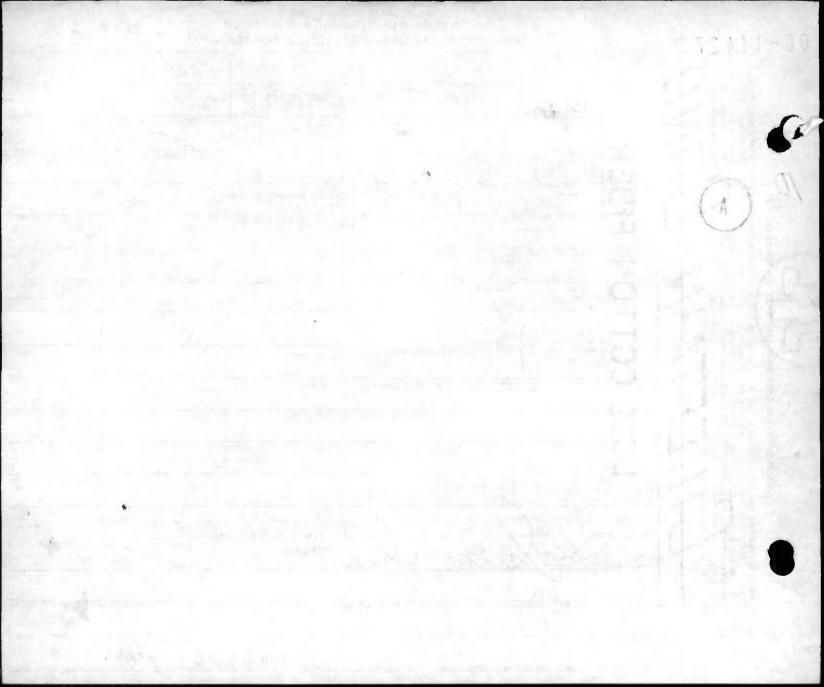


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STATE OF MARYLAN
DEPARTMENT OF HEALTH AND M

ND MENTAL HYGIENE

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SICIAN: ng physi certificat rial-tran tental Hy ltem 18	CAL	21a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. P.M.	MONTH DA	19		RED (ENTER NATURE OF INJ	URY IN ITEM TS PAI	RT I OR PART 2)				
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TEND ospital a septial a s		22a. I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n	/ / /	-		aur) apinian	ta death occurred on the	-	and from the				
RAL DIRECTOR DIRECTOR DIRECTOR DEPORTED	8	Efen E.	hun	6	MLD, P		APPOICAL ST.	AFF ICIAN []	6/1	186			
etained by TO FUNERA should be de with the Stat		EFEM E.	IMOKE		27e ADDRESS 47/3 L		AVE , ARE	urus 1	118,2	1227			
BP	1	urial, cremation, removal specify) Removal	236. DATE 6-1-86		IAME OF CEMETERY OR C	REMATORY	23d LOCATION CITY OF TOWN		COUNTY	5TATE			
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	NERAL DIRECTOR NAME Anatomy	Board	ADDRESS	Balto	25, PÅ	N 3 1986	R 25b. REGISTR	AR'S SIGNAT	URE			

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-	るる正常	/a. B	REIGN COUNTRY	,	/ CITIZEN OF	MHAI COU	NIRY?	MARR	IED   NEVE	R MARRIED		_	R COUNTY O	OF DEATH
	ZUS S		Maryland		u.s.	A.				DIVORCED		imore (		MD
11	1 HA BOY 7	10. C	TY OR TOWN OF	DEATH	11. NAME OF HO		JRSING HOM STREET ADDRESS)		HER INSTITUTION	ON 12a	USUAL OCCUP	PATION (TYPE	OF WORK 12h	OR INDUSTRY
Tru	NO.		Baltimore	e	Key Med						Retired	[	a	or industry
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961	<b>2</b> 等38点小	13/	aryland	13b. COUNT		Ba	Limon	2	13d. INSIDE CITY YES XX	LIMITS? 13e	340 SOL	ith FL	nino S:	t. 21224
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	A A G A S I		110			21	4-18-3	194	Rona	ld E. 1	Irager ;	346 EN	rino Si	t. 21224
	0 2 0		18. CAUSE OF DE	ATH (Enter only	y one cause per li	ne far (o), (l	o), and (c).)				,			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	TEM 18. ONG W PERMIT. SIENE, D		PARTIDEATE	IMMEDIATE	ECAUSE (o)	Rupt	ured m	vocar	dial in	nfarct	ion			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, ND 21201	N 24 N III A ALO AOV.						NSEQUENCE		No. 1	3777		1911	1 19	
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5	NAAAA.		lying couse lo	ast.										
	EXECUTED WITHIN 24 H NG" IN PENCIL IN ITEM ICAL EXAMINER ALONG I BURIAL-TRANSIT PERN 1 AND MENTAL HYGIEN WATION, OR REMOVAL.		PART 2 OTNER SIGNIFI	CANT CONDITIONS C	ONTRIBUTING TO DEAL	IN DIET NOT DE	ATED TO THE TER	MINAL DICEAS	E OR COMBITION C	WEN IN BART 1				
ě.	ULD BE EXECUTED "PENDING" IN PI EF MEDICAL EXA FEB AS BURIAL- FHEATH AND ME AL, CREMATION, (	z				THE SOURCE SEE	ATED TO THE TER	MINAL DISER	NE OK CONDITION O	PIYEN IN FASI 11	<b>d</b> .			
- C	MEALTH CREAT	CERTIFICATION	19a. DATE OF OP	EDATION	TIAL CONI	NITIONI COD	WHICH ORE	DATIONIN	AS PERFORM	ED2			T.	
	AF H	N N	ING. DATE OF OF	LKATION	198. CONL	JIION FOR	WHICH OFE	KATION	VAS PERFORMI	EU?			21	20 AUTOPSY?
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Č	TO WE THE WAY		210. EXTERNAL C.	OR	HOUR A	OF INJURY	DAY YEA		OW INJURY O	CCURRED (E	NTER NATURE OF INJ	URY IN ITEM 18 P	ART 1 OR PART 2)	
2	SECOPER.	13	CONTRIBUTING	CAUSE OF D		.M.	19	100						
100	PRI SE SE	MEDICAL	214 INJURY OCC		21e PLACI	E OF INJUR	Y (AT HOME,		CATION				777	
á	VRIT VRIT SO 1E 201	E	AT WORK	OT WHILE	STREET, FA	CTORT, PARM,	EIC.)		PIMEEL		CITY OR TOV	VN	COUNTY	STATE
	RR: THIS CERTIFICATE SH ATE, WRITING THE WOR ORWARDED TO THE CP. RR: PAGE 3 SHOULD BE L E STATE DEPARTMENT CO. 12, 21201 PRIOR TO BUILD.								v	Г	7		1000	
	A SOS HO		The second second		of the remains d			Autap		Inspection L	, Inquiry	L.J. and	d in my opinioi	n
	ME BELLE		death resulted fo	ram: Notura	ol causes X,	Accident	L, s	vicide L	, Hamicid	le L., U	Indetermined ma	nner		
	WAN BEEN		ACTUAL	MAA	1 MX		21		TITLE (SPE				DATE	
	KESKE -	1	SIGNATURE	1100	> NA	V		^	A.D. Assi	stant	MEDICAL EXAM	INER	DATE SIGNED	6-4-86
	NO PER S		EXAMINER'S NA	WE -	0				od sa					
			(TYPE OR PRINT)	'Ann I	M. Dixon					III Pe	nn St.,	Balto	., MD	21201
	524548	23a. B	URIAL, CREMATION	N, REMOVAL 23		23c	NAME OF CE	METERY C	OR CREMATOR	Y 23	ILOCATION		COUNTY	STATE
	4 BP	1	Burio	al	6-7-86	/	bst Ho	oly R	edeemen	7.	Baltin	wre (	itu M	d.
			UNERAL DIRECTOR						250		D. BY REGISTRA		STRAR'S SIGN	VATURE
	(VR A15 ME (***	1	harles S.	Zeile	2 & Son.	Inc. (	5224 8	asten	n Avo	JUN	5 1006	15 15	At High	CHOCKES.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

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carban papers. Page

injury, or other traumatic event,

IMPORTANT: If Hem 21 is marked or Hem 18 shaws any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

## STATE OF MARYLAND DED ADTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	10.			
TE OF DEATH	MONTH	DAY	YEAR	26 HOUR
FUNE	23	119	86	3/5

1 -	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF DEATH		REG. NO	).			
	CEASED NAME	FIRST	A	AIDDLE	- 1	AST	2a DATE OF	DEATH	MONTH	DAY YEA		26 HOUR
lire	MARY		Ten	lesa D	REI	SCH .	してし	16	23,	1981	5	3 P M
3. SE		4.	RACE		5. DATE C		6 AGE INY	EARS LAST BIRT	HDAYI	MONTHS DA		HOURS MIN.
F	Female		Cauca	0012	Octo	ber 21 1910	75		YRS			, , , , , , , , , , , , , , , , , , ,
	RTHPLACE (STATE OR FO	OREIGN 7b	CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMO	RE CITY O	COUNT	Y OF DEATH	4	
	Md.		USA		WIDOWE		Ba	ltimo	ne C	i+11		MD
	ITY OR TOWN OF DEA	TH 11		OSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INSTITUTION	120 USUAL (	OCCUPATION	ON C		BUSINESS OR	
1	Bultimore	1	Mercy to	ospital	70011237		House			114000		
	AL RESIDENCE (IF NURSI STATE Md.	NG HOME OR OT 136 COUNTY		give residence befor 13c. CITY OR TOV Balto.		13d. INSIDE CITY LIMITS?	13e STREET /			21231		
4 FA	THER'S NAME	MIC	DIE	LAST		15. MOTHER'S MAIDEN NA	ME	MIDDLE			LAST	
3,	rank	***************************************	11	iener		Pauline		· · · · · · · · · · · · · · · · · · ·		Her	200	1
	VAS DECEASED EVER I	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT		ADDRE			. 0	
,	YES, NO OR UNKNOWN)	( 1 1 E S, O 1 T E V	AN ON DAILS)	212-03-2	160	Bertha Biebe.	L 132 -	). Dw	rham	St.		
	18 CAUSE OF DEATH	1 (Enter only	ane cause per			48	11 1300	100/10		BETW	ROXIM EN O	NATE INTERVAL NSET AND DEATH
	PART I. DEATH W	IMMEDIATE		LYMPH	AMO					U	20	ws
	Canditions, if any,			RAS A CONSEQUENTED		YTO PENIA				mi	2~	ths
	couse (a), stating underlying cause	g the		RAS A CONSEQU		E URINE 9	SIT	PACT	-	M	20	1~
CERTIFICATION	PART 2 OTHER SIGN	IIFICANT CO	NDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEAS	e or cone	DITION G	IVEN IN PAR	Ha	
CAT	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20e AUTO	PSY?		ES, WERE FIN		
TIE							YES 🗌	MOM		ES [	JE J C	NO [
	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJUR	Y IN ITEM IB	PART I OR PART	21	
MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	ILE [	21e PLACE ( (AT HOME STR	OF INJURY EET, FACTORY OFFICE.	FARM ETC)	21f LOCATION STREET		CITY OR TO	VV	COUNTY	Ŋ,	STATE
	220.1 certify that (1) saw the decease abave, (1) (we) (d	d alive an	ZUNE	23 19	340E	nd that in (my) (aur) apinian	, 10	d an the da	te and ho			hat (I) (we) last auses stated
	226 SIGNATURE	N	2 lan		M	DEGREE ATTENDING PHYSICIAN [	MEDICAL DIRECTOR	STAF		22c. D.	ATE S	S/86
	22d PHYSICIAN'S NA	ME (TYPE OR P	Q 1	st		Mercy Hos	otal ·	301	SHE	Paul	70	u Bol
0.0		- I	221 0 175	100	NAME OF C	FUETERY OR COLUMN	1224 1000	MOLT				

BP.

O HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial

Weber & Sons Inc. 401 S. Chesten

24 FUNERAL DIRECTOR

23. NAME OF CEMETERY OR CREMATORY Holy Redeemen (em.

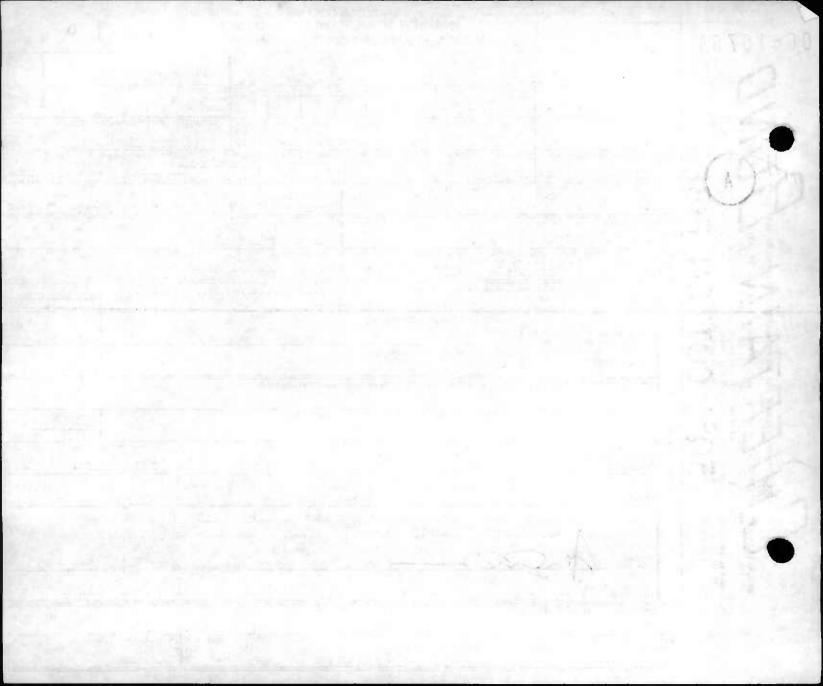
Balto.

Md. STATE COUNTY

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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1	atten	wPart 2		DED A DYA			ARYLAND	HVOIEN					
0704 1.	= STATE	in a		DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  OFFICE NO. 15									
	REGISTRAR 7	FIRST	CN	WIDDIE	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	LNJGI	AST	-	O DATE KN	REG. NO.	TH DAY YE	AR Zb HOUR	
Mari VIII	YPE OR PRINT)	JOSEP	н हा	UGENF	,	DE	RISCOLL	Sr.		STI-	23 198	6	
4625E 3.50	EX 4	RACE	S. DATE OF BIRTH	VEAD	AGE (IN YEA	RS IF UND		ER 24 HRS.	2c DATE	MON		EAR 24 HOUR	
39000	Male	Cauc.	8/7/2		57 YR	S. MONTHS	DAYS HOURS	MIN	PRONOUNCE DEAD	6	24 198	6 10:17	
OF HILLS	BIRTHPLACE (STA	TE OR	76. CITIZEN OF WH	AT COUNT	RY?	8. MARRIE	D NEVER MAR	RRIED .	9. BALTIMOR	E CITY OR COL	UNTY OF DEAT	Н	
	Md.		USA			WIDOWE		RCED X	Baltin	nore Cit	У	MD	
NO			11. NAME OF HOS	CILITY, GIVE STR	REET ADDRESS)					TION (TYPE OF WO			
HIST	Baltimo		4733 Cha				L206	St	eelwo	rker	Beth	Steel	
13a	STATE Ad.	136 COUNT		Bal	OR TOWN	1	34 INSIDE CITY LIMITS?	13e. STRE	ET ADDRESS	-+6	7	21226	
1	FATHER'S NAME						15. MOTHER'S MAI			atford	Ave.	21206	
1000	John F.	Drisco	11. Sr.	L	AST	TA T	Cather		Gump	LE	LAST		
16a.	WAS DECEASED	EVER IN U.S. ARM	NED FORCES?	16b. SOCI	AL SECURITY	'NO. 1	7. INFORMANT			ADDRESS			
	Zes .	Kor	ean	217-	24-65	30	Barbar	ca Ka	ne,P.	O. Box	9536		
	18 CAUSE OF	THI MAKE CALICED	one cause per line			i dell	Roseda			21237	APPROXI	MATE INTERVAL	
MOVAL.	00	MMEDIATI	E CAUSE (a) Cr	anio-	cerebr	al tr	auma						
WO	Conditions	, if any, which	DUE TO, OR	AS A CONS	SEQUENCEC	)F							
MENIAL HYGIE N, OR REMOVA	gave rise	ta immediate	(b)	AS A CONS	EQUENCE C	\e					-		
MEDICAL CERTIFICATION	lying cause		DOE 10, OK	AS A CONS	SEGOEINCE C	<b>/</b> F							
1	PART 2 OTHER SIGN	FICANT CONDITIONS C	ONTRIBUTING TO DEATH I	BUT NOT RELATE	O TO THE TERMI	NAL DISEASE (	OR CONDITION GIVEN IN	PART 1 (a)					
NO	H	1 cohoi	ISM										
CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?									OTUA 05	Only_		
F	21a EXTERNAL	CALISEVALAS	21b. TIME OF	(b) 111000		101 1101					YES	D NA D	
		≥ OR	HOUR A.M	. MONTH	DAY YEAR		W INJURY OCCUR						
MEDICAL	21d. INJURY OC	G CAUSE OF D	21e PLACE C	6-18		21f. LOC	ject app	arenti	y rem	down s	tairs.		
2 8		NOT WHILE	STREET, FACT	ORY, FARM, ETC		STE		011 F	CITY OR TOWN	o City	COUNTY	STATE MD	
7	AT WORK	AT WORK		ome		Heac Autopsy	I NILY Inspect			7		MID	
54	death resulted		of the remains designated at courses.		E, held an X, Suid		Hamicide		Inquiry L	J. and in my	apinian		
	dedin resulted		ntooses,	Accident	2, 300	cide L,	TITLE (SPECIFY)		rmined monn	er [_],			
× , , ,	SIGNATURE_	my	AL)	_	_	M.D	Assista		CAL EXAMIN	ER SIG	TE 6-25	-86	
BALTIMORE, MARYLAND, 2	EYAMINER'S N	AME 7000 M		MD							21201		
E-	(THE CATAL	.,	. Ďixon,				DDKESS			lto., ME	21201		
230.	BURIAL, CREMATI						CREMATORY	CITY C	CATION		COUNTY	STATE	
-	Burial FUNERALDIRECT		6/27/86		ly Re	aeem			alto.	Ma.	'S SIGNATURE		
			ral Home ne. Balt			212		JUN	3 7 198	6			
		come i.a.	ne. Kali	.()	IVICI .	414	LI			- C			

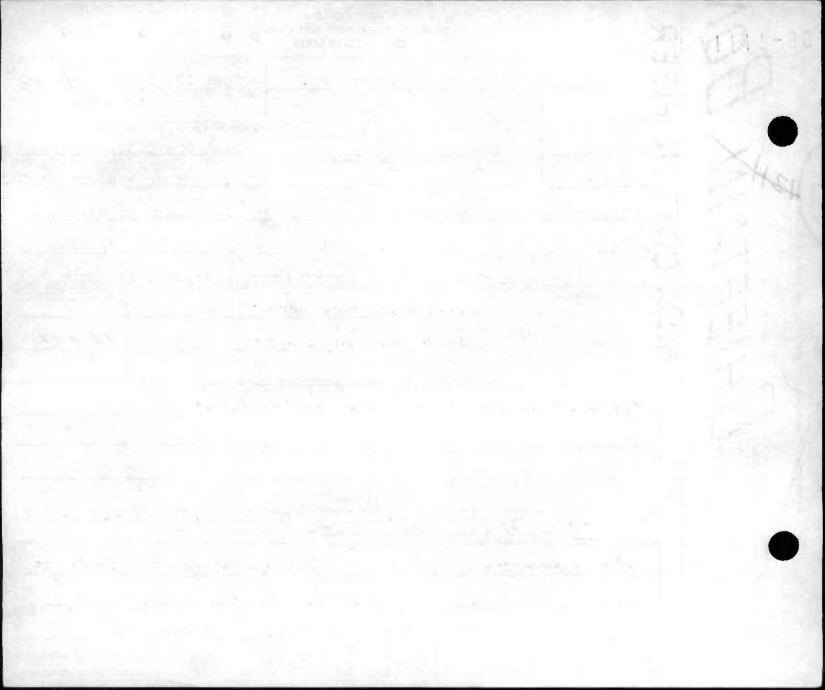


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				STATI	OF MARYLAND				- 2	
7	1	FOR STATE	DEPART	MENT OF H	EALTH AND MENTAL HYG	IENTE 6	1 6	5 1	1	
1		REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HO	UR
	( LABE	Whart	on	Dru	ary, Jr.	June 2	7, 198	36	4	PM
	3. SEX	X	4 RACE	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF	UNDER I YEAR	IF UNDER	
	N	Male	Caucasian	12		56	YRS.	NIHS DAYS	HOURS	MIN,
30	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	1 1	NEVER MARRIED	9 BALTIMORE CITY O		FDEATH	-	
50		faryland	USA	WIDOWE		Baltimo	re Cit	.v.		MD.
2	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME C		120 USUAL OCCUPATI	ION	126 KIND C		
	F	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET 4041 Shanno		ve. 21212	Ins.Adju		Insu		ce C
	USUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)						
60		Maryland   13b cour	- Baltim		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS		rive	.212	213
		THER'S NAME		1010	15 MOTHER'S MAIDEN NAM	ME			1	
100	To	Wharton	Drury,	Sr	Ruth	WIDDLE		Bas	i 1	
0	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		17. INFORMANT	ADDRI	SS	Dab		
ned /			ve war or dates) acetime 220-22	-1498	Audrey Dru	urv.Wife.	same a	as abo	ove	
The state of			nly one couse per line for (a), (b), or		, made, br	<u> </u>			IMATE INTE	RVAL
vent,		PART I. DEATH WAS CAUSE	TE CAUSE (0) Candior	MOSPIN	atory arro	42			ONSET AND	, pearly
10 e		IMMEDIA	DUE TO, OR AS A CONSEQU							SEZV.
O L	-	Conditions, if any, which	Small		lung canc	(0 r		13	mo	,2 (
110	L.S.	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	IENICE OF	0					
otho	7	underlying couse lost	(6)	LINCE OF				- 65		500
ν, ο		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0	
2	O N	mycobacter	ria intracellular	10, 00	ronaryan ton	y disease.				
O out	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	PERATIO	WAS PERFORMED	200 AUTOPSY?		WERE FINDING		
SMO	E					YES NO	YES		NO [	
200	S	210. ACCIDENT WAS UNDERLYING		AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 RAR	T ( OR RAR! 2)		
E	₹ N	OR CONTRIBUTING CAUSE OF DE	AIR	19						
0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	SADM ETC 1	211 LOCATION STREET	CITY OR TO	wn	COUNTY		STATE
z e	>	AT WORK NOT WHILE	THE THORE, SINCE, THE TONI, OTHER,	rana, ere j						
S mo			ital) attended the deceased from.		, 19_8.5			56.	-	
7		sow the deceased alive on above, (1) (we) (did no	at) view the body after death	86 , or	d that in (my) (oor) opinion o	death occurred on the d	ste and hour o	and from the	couses st	lated
Te L		22b. SIGNATURE	*		DEGREE	MEDICAL		22c DATE		
=		A & Has	ingen		ATTENDING PHYSICIAN	MEDICAL STA	IAN 🗌	6-	30-	86
OKIAN		22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		22e ADDRESS					
2 /		Dr. James H	<u> </u>		600 N. Wol	fe St, Ba	ilto,	Md. 2	2120	5
_		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY		STATE
		Burial	6/30/86	Gard	ens of Fait	h Baltimo	re, Mo	d.		
7/B4	24 FL	JNERAL DIRECTOR	2221	Bro	hms la Do DAII	E REC D. BT REGISTRAR	256 REGISTRA	AK 5 SIGNAL	URE	
		SCHIMUNEK FUN	NERAL HOME, Bal	lto,	Md. 21213JU	1986	Granda M	N.J. GORA	Maria	

DHMH - 16 60M 7/84 (VRA 1S, 4)

BP.



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1	500					E OF MARYLAND			P)					
1.	FOR STATE REGISTRAR			DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	1 6	) )	1 8				
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH D	AY YEAR	26. HOUR				
(1111		JAMES		Randall 1	DUDLE		JUNE 7, 19	86		03;56				
3. SE	х		4 RACE	ausarr	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS				
M	ALE		WHITE		July		17	YRS.	ONTHS DAYS	HOURS MIN				
	IRTHPLACE (STATE C	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY		D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH					
LM	arvland		USA -		WIDOW	^	BALTIMORE	CITY		N				
10 C	ITY OR TOWN OF D	ATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	12a USUAL OCCUPATION OF OF WORK FOR MOST O			F BUSINESS O				
BA	LTIMORE	1		HNS HOPK		SPITAL	Student		Educat	ion				
USU.	AL RESIDENCE (IF NU	NJL COU	OTHER INSTITUTION	GIVE RESIDENCE BEFO		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZID CODE		10011				
	ryland	V.				YES NO X	212 Greeny		Drive	117				
	ATHER'S NAME		ington	Hagerst	own	15. MOTHER'S MAIDEN NA	WE	alley	DIIVE					
<i>Y</i>	First Eduard		MIDDLE	LAST David I ave		FIRST	WIDDLE		LAS	51				
160 V	Edward VAS DECEASED EVE		hews	Dudley 1166, SOCIAL SEC	LIRITY NO	Donna 17 INFORMANT	Joann	SS	Hein					
	YES, NO OR UNKNOWN)		E WAR OR DATES											
4	No			1220-02-	7/21	Edward M. D	udley (ite	m 13 a	bove)					
	18 CAUSE OF DEATH	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DE ATH WAS CAUSED BY:												
	IMMEDIATE CAUSE (a) Cardiopulmonary arrest													
			DUE TO O	R AS A CONSEQU	IENICE OF									
	Canditions, if an	7	mos											
	gave rise to in	nmediote	(p)_	acute 1	ympr	vigne teure	ma		- 0					
	cause (a), star underlying cou		DUE TO, O	R AS A CONSEOL	JENCE OF									
	onderlying coo	1031.	(c)											
-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART From													
CERTIFICATION														
18	19a DATE OF OPER	ATION	196 COND	ITION FOR WHICH	HOPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES					
Ē							YES NOT	YES		NO []				
1 1	21a. ACCIDENT WAS U	NDERLYING [	216. TIME C	OF INJURY		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)					
	OR CONTRIBUTING		III	M. MONTH										
5	JIF EITHER, NOTIFY ME			.M.	19	NV LOCATION								
MEDICAL	21d. INJURY OCCU			OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	21f. LOCATION STREET	CITY OR TO	MN	COUNTY	STATE				
-	AT WORK NOT	ORK												
	220.1 certify that	1) this hospi	tal attended th			19 86		, 1	986	that (1) weeks				
	saw the dece	sed alive an	t) view the bady	19_	86 .0	nd that in (my) apinion	death accurred an the do	ite and hour	and from the	causes stated				
	22b. SIGNATURE	(diox (did no	it view the bady	atter death.		DEGREE			22c. DATE	SIGNED				
		N	10			ATTENDING	MEDICAL STAF			17/76				
1	22d PHYSICIAN'S	JAME LIVER	DOPINI)			PHYSICIAN [	DIRECTOR PHYSIC	IAN	,	1,00				
		AM!	,	(0.4)		601 N	OLFE ST BAL	TO, LMI	21205	5				
		JA 1-1.	Y KU	00		Johnst	10 peins 40	Spita	1					
	BURIAL, CREMATION	, REMOVAL	23b. DATE	23ε.	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	1	I, OHNIA	STATE				
	Burial		June 1	n 198k	Cedar	Lawn Mem. Par		n Wach	4.00.0111					
			A MILL		<u> </u>	- LIVIII I I CIII	WILL STOW	- Mast	للتناجيب	HIGH VIGI				

DHMH - 16 60M 7/84

(VRA 15, 4)

Major M. Oaborne P.O.Box# 348Williamsport,MD.

FOR

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

B	USSIA	11 6 0	WED DIVORCED	BALTIMORE (	CITY MD.
11.0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOM	E OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	BALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE JOHNS HOPK	NS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE	BOLT + NUT
UsU.	AL RESIDENCE (IF NOT PER IN COLD	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	ON)		21234
130.	STATE UN COUNTY	The state of the s	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	01004
14 F /	ATHER'S NAME	115 ALT MORS	15 MOTHER'S MAIDEN NA	ME	HVL
		DDLE	FIRST	MIDDLE	LAST *
		nwn		UNKNOWN	
	WAS DECEASED EVER IN U.S. ARMI YES, NO OR UNKNOWN)	ED FORCES? 166 SOCIAL SECURITY NO	D. 17 INFORMANT	ADDRESS	
	<u>no</u>	21826969	O FAMIL	1 KECORDS	
	18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c).)	0	. 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
13	PART I. DEATH WAS CAUSED IMMEDIATE	/ · // / / / / / / / / / / / / / / / /	rulmonary	arrest	4-5 min
		DUE TO, OR AS A CONSEQUENCE O			
	Conditions, if ony, which	( DISSemi	nated TB		3 weeks
	gove rise to immediate couse (a), stating the				
	underlying couse lost.	DUE TO, OR AS A CONSEQUENCE O			
	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH I	RUT NOT PELATED TO THE TERM	AIN ALDISEASE OF CONDITION GIVE	EN IN PART 110
Z	CANALIONA	emaller los	ALLIAG DOLLCA	Lhemin	LITTIN TAKE THE
ATI	19a DATE OF OPERATION	HIL CONDITION FOR WHICH OPERA	TION WAS PERFORMED	2 a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
CERTIFICATION		, ,		IN CERTIF	YING CAUSES OF DEATH?
ERTI	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	1214 HOW INJURY OCCUR	YES NO YES	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR AM MONTH DAY VE	AR ZILLIOW HAJORI OCCOR	KED TENIER NATURE OF INJURY IN TIEM 18 P.	ART T OR PART 2]
CA	(IF EITHER NOTIFY MEDICAL EXAMINER)		9		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
-	AT WORK NOT WHILE			, ,	M
	22a.1 certify that (1) (this hospital	1 1	0/13/ 1986	, to 6/7	19 C, that (I) (we) lost
	sow the deceased alive on	wew the bady after death	, and that in (my) (our) opinion	death occurred on the date and hour	and from the couses stated
	22% SIGNATURE	01	DEGREE	- Markey - Parent I issue	IL DATE SIGNED
	11 1	111	ATTENDING PHYSICIAN [	DIRECTOR PHYSICIAN	6/2/18/-
	1			I DIRECTOR   PHILDICIAN	- / - / O V
	224 PHYSICIAN'S NAME ON OF	HIPST)	27e ADDRESS / A	J DIRECTOR LI PHI SICIA LI	70000
	224 PHYSICIAN'S NAME OF A	ma /		solum Hosp	ital
73n F	VCha	ng c	Johns H	oplans Hosp	ital
230. [	BURIAL, CREMATION, REMOVAL	ing c		oplens Hosp	tal STATE
1	BURIAL, CREMATION, REMOVAL SPECIFY) SURIAL	13b DATO 173c NAME O	F CEMPTERY OR CREMATORY	Apples Hosp	BALTO- MO.
1	BURIAL, CREMATION, REMOVAL	ng c	F CEMPTERY OR CREMATORY  HARFORD 134 PA	oplan Hosp	BALTO- MO.
1	BURIAL, CREMATION, REMOVAL ASPECIFY) R. AL UNERAL DIRECTOR	13b DATO 173c NAME O	F CEMPTERY OR CREMATORY	Apples Hosp	BALTO- MO.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

26 HOUR

2:50 M

IF UNDER 24 HRS

1986

IF UNDER I YEAR

STAN E

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) King Memorial Park 6/7/86 Burial 24 FUNERAL DIRECTOR March Funeral Home West 4300 Wabash Avenue

BP

DHMH - 16 60M 7/84

(VRA 15, 4)

Randallstown MU

23d LOCATION

Ö

DAY

01

YES T

COUNTY

56

22c. DATE SIGNED

YEAR

86

DAYS

IF UNDER 1 YEAR

INDUSTRY

2b. HOUR

126 KIND OF BUSINESS OR

21229

NO [

STATE

lamont APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

6.42

IF UNDER 24 HRS

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	1-	FOR STATE				ENT OF H				70 K	5	1	6	5 2	1
0-09518		REGISTRAR		WEI		XAMINE	R'S C	ERTIFIC	ATE OF			REG. NO			
		CEASED NAMI	E FIRST		WIDDIE		L	AST	7.TU	2a. D	OF ES	NWN X	MONIH	DAY YEAR	2b. HOUR
S NECESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D, WITHIN 72 HOURS W PRESTON STREET.		2 01111117	MO	IRA	RUTH		Du	ınn			EATH MA	TED	6/	13/19 8	6 M
多います	3. SE)	(	4 RACE	5 DATE OF BIRTH	YEAR 6	AGE (IN YEAR			IF UNDER 24		DATE	1	MONTH	DAY YEA	
SY, I	F	emale	White	June 12,		24 YRS	WOLALLIS	DAYS	HOURS /		NOUNCE! DEAD		61	13/198	
SSAR YOUNG	70 81	RTHPLACE (5)		76 CITIZEN OF WH	AT COUNTR			D NEW	ER MARRIED	9 B/	ALTIMORE	CITY OR	97.	Y OF DEATH	,
SA SE		arvland		U.S.A.			WIDOWE		DIVORCED	B	altir	nore (	City		
XUS SERVICE	7190	TY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NURS									26 KIND OF	
HARRY	1	Balt	imore	Sinai. H	OSDITA	EI ADDRESS)				Mixol	OF WORKING	LIFE)	dont	OR INDUS	STRY
A SAN	USU			OR OTHER INSTITUTION, GIV	E RESIDENCE BE	FORE ADMISSION	4)								nah /
2 59558C	13a S	TATE	136 COUN		13c. CITY O	RTOWN		13d INSIDE CIT	TY LIMITS? 1	36 STREET A	DDRESS			04.0	4.1
SS A P S		laryland			Balt	imore		YES X			wint	rope	Ave	. 212	14
M F-ND	14. F/	ATHER'S NAME		MIDDLE	LA	51		FIR	R'S MAIDEN		MIDDLE			LAST_	
A SESTO		John	F.	Du					riette	е	A.		Str	osnide	r
MA SES	16a. V	VAS DECEASEI	DEVER IN U.S. AR	MED FORCES?	16b. SOCIA	AL SECURITY	NO.	17. INFORM	ANT		A	DDRESS			Aug.
S AFTER GIVE PA THY FO PAGES INISION	N	lo			217-8	4-3977	7	Mr.	John	F. Du	ınn S	Same a	as #	13e	
: 8 m ≥ O		18 CAUSE O	F DEATH (Enter ar	nly ane cause per line	far (a), (b), c	and (c).)								APPROXIM.	ATE INTERVAL
PRESTON ST THIN 24 HO CIL IN ITEM 1 ER ALONG ANSIT PERMI AL HYGIENE, REMOVAL.	-	PARTIDE	ATH WAS CAUSE	D BY: TE CAUSE (a)		Mu	ultip	ole In	juries	S				BETWEEN ON	SET AND DEATH
0 4 E G H S	/	8/6	POMILEDIA	DUE TO, OR	AS A CONSI	EQUENCE O	F		- 1					-	
E E E E E E E E E E E E E E E E E E E			ns, if any, which												
	E S	cause (a)	se to immediate stating the <u>under</u>		AS A CONSI	EQUENCE O	F	100	9	3					1737
DOT W.  DOTED W  IN PEN  EXAMINE  BAL-TR  D WENT  ON, OR		lying cau	ise last.	(5)											
		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATE	TO THE TERMIN	AL DISEASE	DR CONDITION	GIVEN IN PART	1 (4)				1	
SA SEA	Z	177							OILEN IN TAKE	, , ,					
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EVEC RRTING THE WORD "PENDING" RESE TO THE CHIEF MEDICAL RESEARCH OF HEALTH AN OI PRIOR TO BURGAL, CREMAIN OF PRIOR TO BURGAL, CREMAIN	7 1	19a. DATE OF	OPERATION	19b. CONDIT	ION FOR W	HICH OPERA	TION WA	SPERFORA	MED?				-	20 AUTOPS	Y?
TALR HEF / HEF / USED OF HE RIAL	1 8													13 12 1	
THE ON THE OWNER TO BE IT OF BUILD BUIL	CERTIFICATION	21g. EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY		71c HO	WINIURY	OCCURRED	I ENTER NATURE	F OF INTURY I	N ITEM 18 PAR	1949 9O L 19	YES 🗌	NOK
	and the same of th	UNDERLYING	X OR	HOUR A.M	MONTH D										
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BERES A	WE			STREET, FACT	ORY, FARM, ETC.	)	STI	DEET	271 -	CITY	ORTOWN	1.	COUN	VITY TO 1	STATE
E. WRI RWAR RWAR STATE STATE	1	AT WORK	NOT WHILE		oadway		parr	ettsv	TITE F	rke. &	Riei	nneım	Rd.	, Balt	
SA S	B	22a I certi	fy that I taak char	ge at the remains desi	ribed abave	, held an	Autopsy	, 🔲,	Inspection	X In	quiry [	and a	in my apir	nian	Md.
NO WOLLD		death result	ed fram: Natu	ral causes ,	Accident 8	, Suic	ide .	Hamici	de .	Undetermin	ed manne	, [].			
EXA CERTI JUD B DIRE WITH WARY		Vis. Colonia	1/-	N	CVI	0 .		TITLE (SP	PECIFY)			100			
A POST		ACTUAL SIGNATURE	MUCLIS	to low	484		- M [	,	stant	MEDICAL	EXAMINE	R	DATE	6/14	/86
SEA SEA	1	HOME WATER	7			100					Tarrest II AF		SIGNED		
MEDICAL EXAMINER: 1 ECUTE THE CERTHICATE, NGE 4 SHOULD BE FORM S PUNERAL DIRECTOR, P TER DEATH, WITH THE SI MITMOSE, MARYLAND, SI	1	EXAMINER'S (TYPE OR PRI	NAME Mar	garita A.	Korel	1, M.I	). A	DDRESS	. 111	l Penn	St.	A 10	500		
525 54 5 FEB	73a. B	URIAL, CREMA	TION, REMOVAL			ME OF CEM			RY	23d LOCAT			4		
84 RP	(	Buri		6-17-86		rkwood				Balt.	imore	, Mar	count rvlan		STATE
01	24 F	UNERAL DIREC		and the second	1 - 0			2	50. DATE RE	C'D. BY REG	ISTRAR 2	5h REGIST	RAR'S SIC	GNATURE	
DHMH - 17 (VR A15 ME (5))		I.oonard	J. Ruck	, Inc. Be	altimo	ra Md			JUN	16 19	86 4	wa da	widow	Nungan	Mar
(AV WIR (2))		Deomard	U. ILUCK	, THE. DO	ar cImo	re, rid.					1			_	

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Maryland Baltimore x 7600 Winthrope Ave. 21214

dona C. Summa Harmiston A. Strongidor

917-36-1977 Mr. John M. Ounn Same as M. 17e

Kind and

Harini 1-17-1 Tarkendi
Leonart J. Kuck. Inc. Malticore, Ed.

Balkimore, Maryland

DESCRIPTION OF THE PARTY OF THE

U U - U	9 11 3	4		REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.	110	
				EASED NAME FIRST		WIDDLE	ı	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
.0	ge 3		( LAbF	OR PRINT)	atrick Jo	seph Dunp	hy		June 4, 1986	5	
. ,	po .		3 SEX		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H
4	rs of			M	W		Octo	ber 16, 1919	66	(RS	HOURS MI
od	Po de	64		OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY OR CO		
H	n 72	0/		N. Y.	US	A	WIDOWE		Baltimore	City,	
Ki	with weth	2	10. CT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND (	OF BUSINESS
5	Filed th	20		Baltimore	260	7 Royal 0	ak Av	e.	Sales	Ciga	ars
213	- A	F	130 S	L RESIDENCE (# NURSING HO)	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE	
ON A	14	-		Md -		Baltimor		YES 🔀 NO 🗌	2607 Royal	Oak Ave.	2120
RYL.	1		I4 FA	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ALIDOUS.	14	ST
WA I	-	0			ck Joseph			Win	ifred Haney		
ORE,	71	1		AS DECEASED EVER IN U.S				17 INFORMANT	ADDRESS		
BALTIMORE, MARYLAND 2120	Par Par			Yes (16 YE	S GIVE WAR OR DATES!	220 03 6	775	Mrs. Lillia	n N. Dunphy 26		
BAL1	ysicii oper vol.			18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse pe	line far (a), (b), and	dice		o	7	ONSET AND DEA
ST.,	do on or				DIATE CAUSE (a)	Maio-	(lesga	ratory	anest	unk	nowr
NO #	corb corb			Control of the Control	DUE TO, C	R AS A CONSEQUE		shoto		1100	Kuou
REST dec	atte nove ptior			Conditions, if any, whic gave rise to immediat		EULUUU	4	psmictio	71	wn	Lucia
201 W. PRESTON	y the eren crem			cause (o), stoting the underlying cause las-	DUE TO, C	R AS A CONSCOUR	ER.	of the	anne	2	186
201 s	riol,				(c)_			NOT RELATED TO THE TITLE		100	00
	sign hen to bu		NO	PART 2 OTHER SIGNIFICA	NI CONDITIONS C	ONIKIBUTING TO L	DEATH BUT	NO RELATED TO THE TEN	ASE OR CONDITION	N GIVEN IN PART I	a
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physicion.	nit. I	-7	ATIC	19a DATE OF OPERATION	196 CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FIND	
L RE	per	-	CERTIFICAT						YES TO NOM IN C	ERTIFYING CAUSES	S OF DEATH?
ATTA	cote ponsiti Aygir	0	CER	210. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)	
OF OF	ol-tr ntol	9	AL	OR CONTRIBUTING CAUSE O	PUEAIN	.M. MONTH DA	YEAR	A. C.			
NOI HYS nding	burn Me		MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f. LOCATION	CITY OF TOWN	COUNTY	STATE
IVISI IG P	s the		W	WHILE AT WORK	(AT HOME S	TREÉT, FACTORY, OFFICE, F	ARM ETC	-100	1 1 . 10		21111
Q 4 07	S: Af			220 1 certify that (1) (this I	ospital) aftended t	he deceased from_	2/2	5/86,19		6, 19	that (I) (we)
TTE	for of H			sow the deceased alive object (1) (we) (did) (	d pel vow the bad		19 . 01	nd that in (my) (our) opinion	death occurred on the date on	d hour and from the	causes stated
DR A Pos	ched ched cept.			22b. SIGNATURE	6/10:0	1	-1,000	DEGREE		-	SIGNED
-CARLE	deto ote C			Maria	HUW	4)	9-1-29	ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	1 6/	6/81
SP (d b)	JNER J be he St			22d PHYSICIAN'S MAME I	YPE OR BRINIS	20 == 0		22e ADDRESS 22	S. Greene.		. /
) HC	hould with all			MHRH	Je. 5	MOBS	1110	Pac	timore, Mo	1 2121	0.
0	→  √  ×  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓  ✓		0.0 -	UDIAL COC. AND A		100			TOTAL LOCATION		

- STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR MITCHELL-WIEDEFELD HOME, INC.

23b. DATE

6/9/86

230. BURIAL, CREMATION, REMOVAL

Burial

6500 York Rd.

231. NAME OF CEMETERY OR CREMATORY

Garrison Forest V. A.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 10 1006 STANDARD CONTROL OF THE STANDARD C

Owings Mills, Md.

126 KIND OF BUSINESS OR Cigars

2607 Royal Oak Ave.

STATE

IF UNDER 24 HRS

21207

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	201	- 1	domontone be executed within 24 hours ofter depth. Poge 4 may be		in attending above on and completely filled in by the funeral director, page 3	ender gerbandens. Pages   and 2 should be tiled within 7 2 hours after deem
	PRESTON ST., BALTIMORE, MARYLAND 21201		e executed within 24 hou		n and completely filled in	roges and 2 should be
	PRESTON ST., BALT		be death certificate b		не аттелата раучено	maker proportional

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND EPARTMENT OF HEALTH AND MENTAL HY	GIENE	4	-	5	
CERTIFICATE OF DEATH	0	REG. N	10.	0	4
LAST	20. DATE	OF DEATH	MONTH	DAY	YEAR

1 -	STATE REGISTRAR			DU ANI	CERTIF	CATE OF D	ATH	"o o	REG. NO.	0	4	line	è4
	CEASED NAME	FIRST	,	MIDDLE	Į,	AST	2	a. DATE OF DE	АТН МОНТН	DAY	YEAR	2b. HO	UR
(14bF	OR PRINT)	PATRIC	CK	GEORGE	I	OURKIN	TO DE	45.44	6	21	86	11:	20AM
3. SE	x	Mary Ca	4. RACE	Market Line	5. DATE O		6. YEAR	AGE IN YEAR	S LAST BIRTHDAY)	MONTHS	ER I YEAR	IF UNDER	R 24 HRS
1	MALE	100	WI	HITE	3	11	11	. 75	YR		0.13	HOOKS	
	RTHPLACE (STATE C	OR FOREIGN	TO CITIZEN OF	WHAT COUNTRY	8.	KNEVER M	APPIED ()	BALTIMORE	CITY OR COU	NTY OF D	HTA	-	
	ARYLAND		U.S.A	١.	WIDOWE		ORCED	Balti	more Ci	ty			MD.
10 CI	TY OR TOWN OF D	EATH	11. NAME OF H	HOSPITAL, NURSI		R OTHER INSTI		20 USUAL OC	CUPATION R MOST OF WORKIN		KIND O	F BUSIN	ESS OR
E	Baltimore		St. A	Agnes Hos	spital			Machin			. 78	Man	uf.
	AL RESIDENCE (# NO	ITSING HOME OR		GIVE RESIDENCE BEFOR		113d. INSIDE CIT	Y LIMITS? 11:	3e STREET AD	DRESS / ZIP CO	ODF	11-50		
Ma	aryland		imore	Lansdow					ratoga		le :	2122	7
14. FA	THER'S NAME		AIDDLE	LAST			MAIDEN NAME		AIDDLE		1.45		
1	Patric		MIDDEE	Durkir	1		Mary	142 100	NIDDEE	1	McGai	rth	
	VAS DECEASED EVE			166. SOCIAL SEC	URITY NO.	17 INFORMAN	IT		ADDRESS	yeta	100	304	N. M.
T.	NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	213-07-	-0378	Margare	et E. Di	urkin	2404 Sa	rato	ga A	ve.	2122
100	18 CAUSE OF DEA			line far (a), (b), a	nd (c).)		- 1	2/		/	APPROXI BETWEEN	MATE INTE	RVAL D DE ATH
	PART I. DEATH		D BY: E CAUSE (a)	(	inv	libres	o. rato	12 /J	THEN		m	2/2	our
10.9	THE RES		DUE TO, O	R AS A CONSEQU	JENCE OF						,	-	
	Conditions, if ar		( (b)_	AH	eros	Merot,	6/w	MANU	45 west	20500	ie	1	245
	gave rise to in cause (a), sta		DUE TO, O	R AS A CONSEQU	JENCE OF	, 11 )				,			, .
100	underlying cau	ise last.	((0)		amil	boston	y lof P	non /	Nyo ca	-d14/.	profe	ret	zon
	PART 2 OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	O THE TERMIN	IAL DISEASE C	RECONDITION	GIVEN IN	PART 110	2/	00
ē					J	2501	m	Vapler	nlent	pra	120/3	200	Will
MEDICAL CERTIFICATION	190 DATE OF OPER	RATION	196 COND	ITION FOR WHICH	- OPERATION	WAS PERFOR	MED	200 AUTOPS		YES, WER			
E .		27304					25/3 6/4		10 🗌	YES [		NO [	
ä	210 ACCIDENT WAS L		HOUR A.	FINJURY M. MONTH D	AY YEAR	21c. HOW INJ	URY OCCURRE	D (ENTER NATUR	E OF INJURY IN ITEM	1B PART I O	(PART 2)		
S	(IF EITHER, NOTIFY MI	_		м.	19						354		-
<u></u>	21d INJURY OCCU	JRRED	21e. PLACE	OF INJURY	FARM FIC )	21f LOCATIO	N		ITY OR TOWN	CC	YTAUC		STATE
2	AT WORK AT	WHILE				M M SE		-200					
163	22a I certify that	(I) (this hospit	al) ottended th	e deceased from,			. 19	_, to		19		that (I)	(we) last
100	saw the dece	ased alive an	view the bady	after death.	, ar	d that in (my) (	aur) apınian de	ath occurred o	in the date and	haur ond	ram the	causes st	tated
123	226. SIGNATURE		1	71	10	DEGREE			19.	2	2c DATE	SIGNED	,
			0/0/	Kren O	1. Pull		TENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN		100		
	22d PHYSICIAN'S	NAME (TYPE OF	PRHUT I	7 8		Mr. ADDRESS							
	Jeffrey	Cole	0.	0	1.14	3455	Wilkens	Avenue	2	1777			
	BURIAL, CREMATION	N, REMOVAL	23b. DATE	230	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATIO		COU	NTV		STATE
	(SPECIFY)	1	6/24/	86 IT	oudon	park Ce	meterv	Baltin	nore	000	Ma	ryla	ind

BP. DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT, If hem 21 is marked, 10 FUNERAL DIRECTOR, A should be detached for use with the Stote Dept. of Hea

Buria.

24 FUNERAL DIRECTOR

Hubbard Funeral Home, Inc.  $^{\text{ADDRESS}}_{4107}$  Wilkens Ave.

250. DATUNC 2 TRESTED POR 1256. REGISTRAR'S SIGNATIVES NO.

10801-0

	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYC ICATE OF DEATH	SIENE 3 O	VO.	6	2	4.
		CEASED NAME	FIRST	A	AIDDLE	L	AST	20 DATE OF DEATH	MONTH	DAY YEA	2 2b HC	P.
	1.772		CHARL	ES I	₹.	DI.	IVAT.T.	JUNE 17	1986		6:3	
	3 SEX	(		4 RACE		S. DATE C		6. AGE (IN YEARS LAST	SIRTHDAY)	MONTHS DA	EAR IF UND	ER 24 HRS
		MALE		WHI	re	FEE		77	YRS.			
1		RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OFDEATH	1	2.8
1		MD.			S.A.	WIDOWE	D DIVORCED		MORE			MD.
-	10 CI	TY OR TOWN OF D		(IF NOT IN SUCI	HOSPITAL, NURSIN H FACILITY, GIVE STREET		OR OTHER INSTITUTION	12a USUAL OCCUPA	OF WORKING LI	E) INDUST		NESS OR
-		BALTI		1048	BUNBUR		21205	STEEL WC	RKER	BET	H. S.	reel
5	13a S	AL RESIDENCE (IF NO. TATE)	13b COUN		GIVE RESIDENCE BEFORE  131 CITY OR TOW  BALTIM	/N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	BURY		21209	5
	14 FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME				
L		CHARL			DUVALL		ELIZA			HEC	KLE	
	16a W	VAS DECEASED EVE NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 213-07	1111	RAYMOND		ON)		HARW (	DIOD R
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		Metasta	atic	Roctal Can	ær		BETWI G	ROXIMATE IN FEN ONSET AP	RVAL ND DEATH
		Conditions, if or gove rise to in couse (0), sto underlying cou	mmediote ting the	(b)	R AS A CONSEQUI							
	NOI	PART 2 OTHER SI	GNIFICANT (	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION GIV	EN IN PAR	Tio	
7	CERTIFICATION	190 DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIF	S, WERE FIN YING CAU		ATH?
7		210. ACCIDENT WAS LONG CONTRIBUTING (IF EITHER NOTIFY ME	CAUSE OF DEA	in .	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 F	PART I OR PART	2)	
	MEDICAL	21d. INJURY OCCU	WHILE O	21e. PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM ETC )	211. LOCATION STREET	CITY OR	nwot	COUNTY		STATE
		22a. I certify that saw the dece obove. (II) (we 22b. SIGNATURS	osed olwardin	10 .	14 19 (	000	nd that in(my)(our) apinion DEGREE ATTENDING	MEDICAL ST	date and hou	22c D	the couses:	stated
		Ca	lere	1/1/4	MA		PHYSICIAN [	DIRECTOR PHYS		6.	-1	1 -50

DHMH - 16 60M 7/84 (VRA 15, 4)

should be determined with the State De MPORTANT

230 BURIAL, CREMATION, REMOVAL BURIAL

DR. CHARLES PADGETT 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

BALTIMORE

GOOD SAMARITAN HOSPITAL

7/20/86 GARDENS OF FAITH <sup>24 FUNERAL DIRECTIMUNEK FUNERAL HOME, INC. 3331 Brehms Lane, Balto. Md.</sup> 21213

MD ATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE & D	163	2 5
	CEASED NAME	FIRST	/	MIDDLE	L	AST	20. DATE OF DEATH	MONTH PAY YEAR	26. HOUR
(,,,,,,	_	nna		E	Ea	rley	61	12/86	04 %
3. SE)	Х	4.	RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	MONTHS DAY	
	Female		Whi	te	Feb.		89	YRS.	5 HOURS MI
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF	WHAT COUNTRY?	B AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	Maryl	and	US.	Α	WIDOWE		Baltimore	City	
10 CI	ITY OR TOWN OF DEA		. NAME OF H			OR OTHER INSTITUTION	12a USUAL OCCUPATE		OF BUSINESS
В	Baltimore C	ity		nes Hosp	1 . "		Secretary		Gov't.
13a. S	al residence (# nurs STATE Maryland	136 COUNTY		GIVE RESIDENCE BEFOR 134. CITY OR TOV Baltimo	VN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / 825 Stamfo	zip cope ord Road, 21	229
14 FA	ATHER'S NAME	міГ	DDIE	LAST		15 MOTHER'S MAIDEN NA	ME		AST
	John	H		Sloan		Martha	E.		ney
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDRE	SS	
N		(IF TES ONE W	VAR OR DATES!	214-26-	7106	Krozer A. Ea	arley, 825 S	stamford Rd.	, 21229
V	Canditions, if ony,	which	DUE TO, OI	Mendon RAS A CONSEQUE	DENCE OF	wovey be	Con alvon	ul	
7	gave rise to imm cause (a), statin underlying cause	which nediote g the lost	DUE TO, OI  (b)	R AS A CONSEQU ACCUMBANCE  R AS A CONSEQUE	JENCE OF	novery bed	des		l a
TIFICATION	gave rise to imm cause (a), statin underlying cause	which nediote g the lost	DUE TO, OI  (c)  DUE TO, OI  (c)  NDITIONS CO	R AS A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE	DENCE OF	nechstate	des		DINGS USED
CERTIFICATION	gave rise to imm cause in statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAL 21a. ACCIDENT WAS UNDER	which nediote g the lost	DUE TO, OI  DUE TO, OI  DUE TO, OI  CO  DUE TO, OI  CO  DUE TO, OI  TO  DUE TO, OI  TO  DUE TO, OI  TO  TO  TO  TO  TO  TO  TO  TO  TO	R AS A CONSEQUENCE OF INJURY	DENCE OF	MELASTICAL NOT RELATED TO THE TERM	VINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	DITION GIVEN IN PART  20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
	gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAL  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	which nediote g the lost which nediote g the lost with the	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  NDITIONS CC  19b CONDI  21b. TIME O HOUR A	R AS A CONSEQUENCE OF INJURY M. MONTH D M.	DEATH BUT	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	VINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	DITION GIVEN IN PART  20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
MEDICAL CERTIFICATION	gave rise to imm cause (a), statin underlying cause PART 2 OTHER SIGN 19a DATE OF OPERAT 21a, ACCIDENT WAS UNCOR CONTRIBUTING C	which nediote g the lost VIFICANT CO.	DUE TO, OI  DUE TO, OI  LO L	R AS A CONSEQUENCE OF INJURY M. MONTH D M.	DEATH BUT H OPERATIO	NOT RELATED TO THE TERM	VINAL DISEASE OR CONI  200 AUTOPSY?  YES \( \text{NO} \( \text{NO} \)	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO [
	gave rise to imm cause in statin underlying cause  PART 2 OTHER SIGN  190 DATE OF OPERAT  210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIX  21d IN JUST OCCURE  WHILE NOT WHEN	which nediate of the lost lost lost lost lost lost lost lost	DUE TO, OI  DUE TO, OI  CO  TO  TO  TO  TO  TO  TO  TO  TO  TO	R AS A CONSEQUENTIAL OF INJURY M. MONTH D OF INJURY OF INJURY M. MONTH D OF INJURY	DEATH BUT H OPERATIO	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FIND IN CERTIFYING CAUS YES	DINGS USED ES OF DEATH? NO [
	gave rise to imm cause in statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNE OR CONTRIBUTING CITE OF CONTRIBUTION CITE OF CONTRIBUTING CITE OF CONTRIBUTING CITE OF CONTRIBUTION CITE OF CONTRIBUTING CITE OF	which nediate of the lost VIFICANT CO	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  19b CONDI  21b. TIME O HOUR A P  21e PLACE (AT HOME STR	R AS A CONSEQUENTIAL PROPERTY OF INJURY M. MONTH D M. MODERN OFFICE, e deceosed from	DEATH BUT H OPERATIO  AY YEAR 19  FARM ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO NO  RED LENTER NATURE OF INJUR  CITY OR TO	DITION GIVEN IN PART  206. IF YES, WERE FIND IN CERTIFYING CAUSI YES   IV IN ITEM 18 PART I OR PART 2  WN COUNTY  TO THE TEM 18 PART I OR PART 2	DINGS USED ES OF DEATH? NO
	gave rise to imm cause (a), statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNCOR CONTRIBUTING CURRING INJURY OCCURR WHILE MALWOR ALWOOD  22a.1 certify that (1) saw the decease above, (1) (we) (c	which nedicte g the lost  WIFICANT CO  TION  AUSE OF DEATH CAL EXAMINER)  RED  (this hospital ed alive on did) (did native)	DUE TO, OI  (b)	R AS A CONSEQUENTIAL PROPERTY OF INJURY M. MONTH D M. MODERN OFFICE, e deceosed from	DEATH BUT  H OPERATIO  AY YEAR  19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  , 19 and that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO NO  RED LENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES  IN TEM 18 PART 1 OR PART 2  WN COUNTY  Attended hour and from the continuous of the contin	DINGS USED ES OF DEATH? NO
MEDICAL	gave rise to imm cause in statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIX 21d INJURY OCCURE WHILE NOT WHAT WORK NOTIFY MEDIX 22a.1 certify that (I) saw the decease above, (I) (we) (c)	which nediote g the lost  WIFICANT CO  ION  DERLYING CALEXAMINER)  RED  ILLE CALEXAMINER)	DUE TO, OI  DUE TO, OI  LO CONDITIONS CO  19b CONDI	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	DEATH BUT H OPERATIO  AY YEAR 19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCUR  21f. LOCATION STREET  , 19 And that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN [ 22e. ADDRESS	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJUR  CITY OR TO  death occurred an the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES  IN ITEM 18 PART LORPART 2  WN COUNTY  LOUNTY	DINGS USED ES OF DEATH? NO   STATE  that (I) (we) I
WEDICAL 230. B	gave rise to imm cause in statin underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a. ACCIDENT WAS UNDOR CONTRIBUTING (IF EITHER NOTIFY MEDIC  21d. INJURY OCCURR  WHILE NOT WHAT WORK NOTIFY MEDIC  220.1 certify that (I)  saw the decease above, (I) (we) (C)	which nediote g the lost  WIFICANT CO  FION  WIFICANT CO  FION  FION  WIFICANT CO  FION  WIFICANT CO  FION	DUE TO, OI  DUE TO, OI  DUE TO, OI  (c)  19b CONDI  21b. TIME O  HOUR A  21e PLACE ( (AT HOME STR	R AS A CONSEQUENCE OF THE PROPERTY OF THE PROP	DEATH BUT H OPERATIO  AY YEAR 19  FARM ETC)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR  21f. LOCATION STREET  , 19  and that in (my) (our) opinian  DEGREE  ATTENDING PHYSICIAN [ 22e. ADDRESS	AINAL DISEASE OR CONI  200 AUTOPSY?  YES NO NO  RED (ENTER NATURE OF INJURY)  CITY OR TO  death occurred an the do	20b. IF YES, WERE FINE IN CERTIFYING CAUSE YES  IN ITEM 18 PART LORPART 2  WIN COUNTY  THE OND HOUSE  122¢ DA  FILAN COUNTY	DINGS USED ES OF DEATH? NO   STATE  that (I) (we) I

250. DATE TEGO. BY REGISTRAR'S SIGNATURE

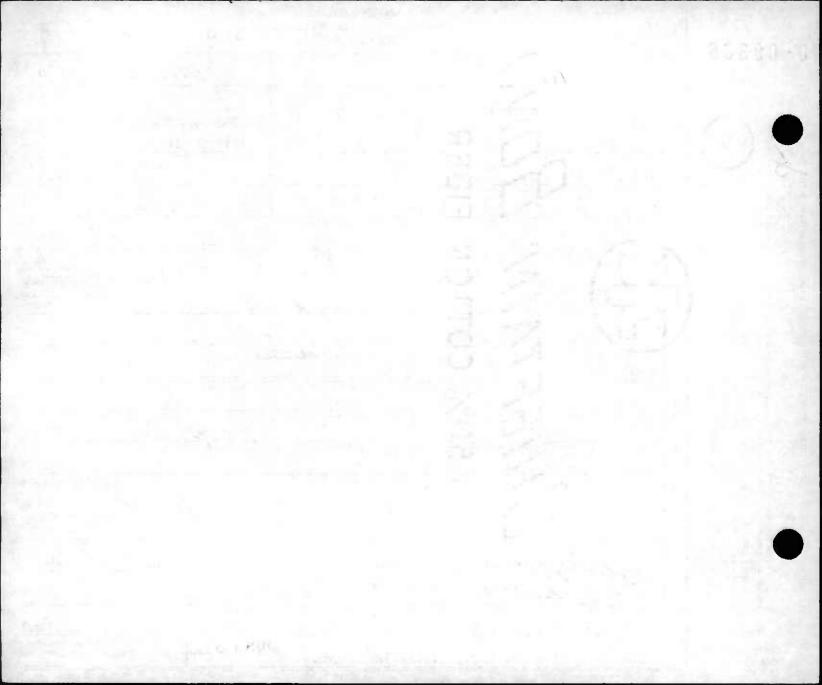
DHMH - 16 60M 7/84 (VRA 15, 4)

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

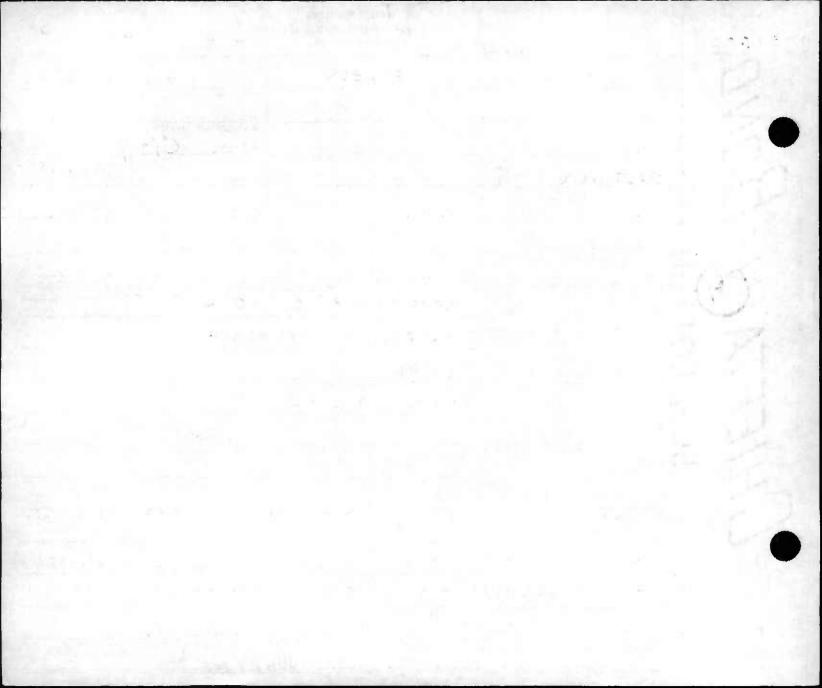
BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove corban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low etoined by the haspital or attending physician.



	1			STATE OF MARYLAND		
10000	lı.	FOR STATE		MENT OF HEALTH AND MENTAL HY	GIENE 8 6	16526
10669		REGISTRAR HENRY	L. ECKELS	CERTIFICATE OF DEATH	REG. NO	
176-27-191		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH M	MONTH DAY YEAR 26 HOUR
be 3 eoth	1	HEN'R	. 7	FCKELS		6/25/86/4 P.M
tor. page 3 ofter death	3. SE	Х	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS
s off		Male	Cauc.	7/22/01 YEAR	84	MONTHS DATS HOURS MIN.
die die	N-8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR	COUNTY OF DEATH
722	1	COUNTRY)		MARRIED NEVER MARRIED		C'+1
thing the	In c	Md . ITY OR TOWN OF DEATH	USA	WIDOWED X DIVORCED I	Balto.	MD.  2L KIND OF BUSINESS OR
d the		72	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)		WORKING LIFE) IND BELLE TO. CITY
the file	-	DALTIMORE	North Char]	es General	Captain	Fire Dept.
d de	130.	STATE 13b. COU	VTY 13c. CITY OR TOW			
	1	Md.	- Balto			sterfield Ave. 212
S	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
28-C3		Philip Eckel			e Hilgeman	1801
B . B /		WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOCIAL SECU		ADDRES	S
CXX		NO (IF YES, GI	214-40-	-5989T Carl Ecke	els. 812 Co	attonwood Drive
141			du ana anno ano long for any the an	Severn	a Park. Md.	2114 6PPROXIMATE INTERVAL
CHIES	-	PART I. DEATH WAS CAUSE	D BY SEC.	FICEMIA C	SHOCK Md.	ASSWEEN ONSET AND DEATH
0.0		IMMEDIA	TE CAUSE (a)			
cor n, or			DUE TO, OR AS A CONSEQUE	NCE OF LUE POIEL	MONIA	
nave co nation, o troumat		Conditions, if ony, which gave rise to immediate	(b) EXI	EIVSIVE IIVEC	1.01111	
the rem		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		
ol, c		underlying cause lost.	(c) <u>CO</u>	PD		
buri buri	7			DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART 110
en s The The	CERTIFICATION		CUTE RENGA			
s be	₹ V	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
rte hos nsit per giene shows	世				YES NO	YES NO
O O I W		21a ACCIDENT WAS UNDERLYING	LIGHT A LA MARKETIA		RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2}
#10 E	CA.	OR CONTRIBUTING CAUSE OF DE	AIR .	19		
bus cer d Ment or Iter	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOW	N COUNTY STATE
s the	Z	WHILE NOT WHILE DAT WORK	(AT HOME STREET, FACTORY, OFFICE F	ANM EIC) SINCE	CITORIOW	, /
olth mor			ital) attended the deceased from_	5/4 10 8	6 6	125,086
T He I		saw the deceased alive or	(0)75	86 and that in (my) Gur) printen	death occurred on the dat	e and hour and from the causes stated
d fo		obove, (lifte) did/(did no	of) view the body after death.	end man in (int) (cor) pinner	account of the dol	
Direction of the form		226 SIGNATURE	0-6 ~ ~	DEGREE	ALEDICAL STACE	22c. DATE SIGNED
detoc ofe D IT: If		W. C. Char	walet, m.D.	ATTENDING PHYSICIAN	MEDICAL STAFF	
A Stee Stee	1	22d. PHYSICIAN'S NAME (TYPE		22e ADDRESS	2 11 2 2 1 7 6	5 11050
should be deto with the Stote I		A.C. CHO	UVALIT, M.D	. NORTH	CHARLES	GEN. HOSP.
5 4 3 X	23o.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		Burial		New Cathedral	Balto.,	Md . STATE
	24 F		enral Home	25a DA		56 REGISTRAR'S SIGNATURE
16 60M 7/84 A 15, 4)		3331 Brehms	Lane, Balto.,	Md. 21213	N 9 7 4000	
, -,		JUST DIEIMS .	name, parco.,	rid. ZIZIJI	6 85	



00-09564	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 3 O	16521
y be oge 3 deoth	I. DECEASED NAME FIRST	RMA F. EDE	NFIELD	20. DATE OF DEATH MO	NTH DAY YEAR 126 HOUR 1810pm
e 4 may for, poor	3. SEX Female	4. RACE White	5. DATE OF BIRTH  MONTH DAY  Dec. 18, 1896	6. AGE (IN YEARS LAST BIRTHDA	MONTHS DATS HOURS MIN.
orce.	70. BIRTHPLACE   STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	77/02
tiled within	10 CITY OF TOWN OF DEATH			12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Secretary	12b. KIND OF BUSINESS OR
LAND 212	130 STATE 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	PE ADMISSION) 13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS / ZI 5207 York	
Gat be executed within 24 h	14 FATHER'S NAME FIRST Francis 160 WAS DECEASED EVER IN U.S. /	MIDDLE LAST  J. ?  ARMED FORCES? 166 SOCIAL SECT	15. MOTHER'S MAIDEN NA FIRST  Etta  URITY NO. 17. INFORMANT	MIDDLE T	?
LTIMOR be exec		GIVE WAR OR DATES)			., MD
201 W. PRESTON ST., BA es that the death certifican be by the attending phy please remove carbon ap irial, cremation, or reference,	Conditions, if ony, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE    DUE TO, OR AS A CONSEQUE   DUE TO, OR AS A CONSEQUE   Column   Co	in pulsuomary  ENCE OF	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	190 DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20	ION GIVEN IN PART 1:0  Db. IF YES, WERE FINDINGS USED  VERTIFYING CAUSES OF DEATH?  YES \( \text{YES} \)
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The low requir otherding physicien. frer this certificate has been sig os the burnal-transit permit. There h and Mental Hygiene prior to b  riked or them 18 shows any injur	THE STATE OF THE S	HOUR A.M. MONTH D P.M.  21e PLACE OF INJURY	AY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PART 2)
DIVISION PROPERTY OF THE PROPE	220.1 certify that Withis has		100	to guille death occurred on the date of	COUNTY STATE  19 , that (I we lost and hour and from the couses stated
SPITAL OR A J by the hos VERAL DIREC be detached e Siote Dept.	276 STURE  22d. PINSTICIAN'S NAME (TYPI	L Cavis	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 6 10/86

BP\_

DHMH - 16 60M 7/84 (VRA 15, 4)

201 w. UNIVERSITY PARKWAY

21212

STATE OF MARYLAND

BURIAL, CREMATION, REMOVAL	23b DATE	231. NAME OF CEMETERY OR CREMATOR
Burial	6/16/86	Balto. National

Balto., MD

MD

24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co.

4905 York Road

23d. LOCATION Balto.

MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN 1 0 1986

STATE

AND THE PERSON NAMED IN COLUMN TO THE PERSON OF THE PERSON Table 1 .ce and the state of th The supplication of the U Jenoul 1 . Americans . Just the Ministry Borns 201 York R. . 21215. The state of the s 18 C and Charlette Main Balto. CARA D. DAVEN MD COR W. UNIVERSITY PARKETY uid /1 = 1tc.s Hearty W. Josefins " seen Co. GER YEAR FREE FEILER, IND SETS 12

STATE OF MARYLAND 10317 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES - STATE **CERTIFICATE OF DEATH** REGISTRAR REG. NO . DECEASED NAME FIRST MIDDLE 2a DATE OF DEATH (TYPE OR PRINT) MARY **EDGES** JUNE 20 3. SEX 4. RACE DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY) 20 Th Black 74 Female To. BIRTHPLACE I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Georgia U.S.A. BALTIMORE CITY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE JOHNS HOPKINS HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138, STATE

113, CUTY OR TOWN Baltimore 13b COUNTY 719 Mellow Court Maryland YES XX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME DIVISION OF VITAL REPORDS, 201 W PRESTONSE, BAITIMORE, MARY Richard Elizabeth Robinson ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Unknown 1913 E. Fayette Street 219-26-4991 Eugene Edges 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate couse to), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU Emilation CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 146. CONDITION FOR WHICH OPERATION WAS PERFORMED 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING ial-trar 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) ò 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) AT WORK NOT WHILE 220 I certify the (1)(this hospital) attended the deceased from. sow the deceased live on above (h) we) did (did not new the gody after death DEGREE ATTENDING MEDICAL HYSICIAN 22e. ADDRES

INAL DISEASE OR CONDITION GIVEN IN PART TO 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) CITY OF TOWN COUNTY STATE and that in my (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF PHYSICIAN 23¢ NAME OF CEMETERY OR CREMATORY Anne Arundel Co. Mare. BURTAL Mount Calvary Cem. 6/25/86 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE JUN 24 1986 Julia Devidon-Mandalas March Funeral Homes 1101 E North Avenue

26 HOUR

126. KIND OF BUSINESS OR

21205

1986

INDUSTRY

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DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 120. DATE KNOWN X I. DECEASED NAME 26 HOUR (TYPE OR PRINT) OF ESTI-E FUNERAL DIRECTOR.

5 FOR YOUR FILES.

D. WITHIN 72 HOURS.

W. PREZION STREET. John Edmonds DEATH MATED 6/ 16/19 86 4 RACE & AGE (IN YEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 2 c. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 5 12 14 DEAD 16/1986 Male Black IN BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. North Carolina Baltimore City, WIDOWED DIVORCED B. GIVE PAGES 1, 2, AND 3 TO THE H WITH FORM PM 3. RETAIN PAGE T. PAGES I AND 2 SHOULD BE EILED DIVISION OF VITAL RECORDS, 20: IN CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS 13 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Construction 1210 E. Preston St. Laborer Baltimore 13.6 STREET ADDRESS Preston St. 21202 13a. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wilson Johnson Edmonds Loney 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? NO OR UNKNOWN) LIEVES GIVE WAR OR DATEST 218-01-2827 Louise Roundtree 524 W. Preston Street 18. G WITH F APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI AL CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cancer of the Lung IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (p) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION NED TO THE CHIEF MEST SHOULD BE USED A EDEPARTMENT OF HEAD IP PRIOR TO BURIAL, CI 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CERTIFICATE SHOUN SITING THE WORD " DED TO THE CHIEF YES [ NO K 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f. LOCATION FORWARDED AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held on Inspection and in my apinion death resulted fram: Natural causes Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** 6/17/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn St. (TYPE OR PRINT) 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b. DATE

**DHMH - 17** (VR A15 ME (5) 20M 4/82

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avenue

6/21/86

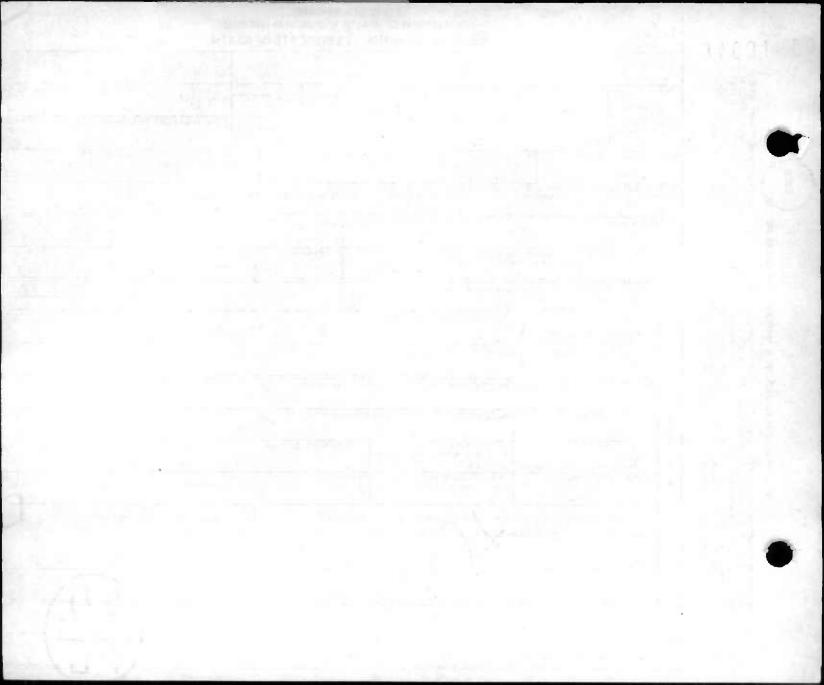
BURIAL

Baltimore,

Eastview Memorial Park

Md. 250: DATE REC'D. BY REGISTRAR 256-REGISTRAR'S SIGNATURE

STATE



MARYLAND 21201	
., BALTIMORE, A	
. PRESTON ST., B.	
201 W	
OF VITAL RECORDS, 3	
DIVISIONO	

(VRA 15, 4)

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	Pag		70.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY O		OF DEATH	
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	er de		10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME O		12a USUAL OCCUPATI	ON	126 KIND O	F BUSINESS OR
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BALTIMORE, MARYLAND 2120	iin 24 hour	thought be	13a M	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COUP  ATHER'S NAME	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 131. CITY OR TOW Baltim	/N 1	13d INSIDE CITY LIMITS? YES NO 1	3607 Pla	zip code teau_		13514
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MOR	exec	Pope /	1.00	(YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST		Mr. Howard			ame as	s # 13
	of the death certificate	by the ottending physici sse remove corbon papel i, cremation, or removal. other troumotic event, th		PART I. DEATH WAS CAUSE	TE CAUSE (6)	IAC ENCE OF	Adrest	110/15/10	ale (	BETWEEN C	MATE INTERVAL DISET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	he low requires the	hos been signed t permit. Then ples ene prior to burro ows any injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT I	NOT RELATED TO THE TERM		20b. IF YES,	WERE FINDIN	IGS USED
VII.	N. T	Hyg Hyg	- W	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	EY IN ITEM 18 PA	RT ( OR PART 2)	
IVISION OF	offending p	After this certified of the burial-1 of the burial-1 of the ond Mental morked or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	AIR	19	216 LOCATION STREET	CITY OR TO		COUNTY	STATE
		TO FUNERAL DIRECTOR: An should be detached for use with the State Dept. of Healt IMPORTANT: If them 21 is mo		saw the deceased alive or obove/(I)/we) (did no 27b. SIGNATURE			that in my (our) opinion  EGREE  ATTENDING	,	ote and hour	ond from the c	
		POR P		SCOTT RIFKIN,	M.D.		UNION ME	MORIAL HOSP	[TAL		
	BP_	O 8 ₹ ₹	23a.	BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY  y Process	23d LOCATION Cationsv:	ille	Balto	o., MD
			24	FUNERAL DIRECTOR	200	Fred	lerick Rapa	E.REC'D BY REGISTRAR	258 RECOSIR	AR SIGNATI	URAD 1.00.
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STATE OF MARYLAND



DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
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ı	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.									
Ì	1. DECEASED NAME FIRST	MIDI	DLE t	AST	20. DATE OF DEATH MONTH									
١	Agnes	Rita	a Elfre	y	June	22 86 1125 AM								
1	3. SEX	4 RACE	5 DATE C		6. AGE   IN YEARS LAST BIRTHDAY	IF UNDER LYEAR IF UNDER 24 HRS								
ı	Female	White	5-3	0-1905 YEAR	81 <sub>YI</sub>	RS NOOKS MIN.								
4	To. BIRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WE	AT COUNTRY?	NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH								
4	Md.	U.S.A.	WIDOWE		MD.									
1	10. CITY OR TOWN OF DEATH		SPITAL, NURSING HOME C	OR OTHER INSTITUTION	Balto. City  17a USUAL OCCUPATION  LITTE OF WORK FOR MOST OF WORKE	12b. KIND OF BUSINESS OR								
Н	Balto.		emorial Hosp.		Housewife	NO LIFE) I INDUSTRI								
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ď	Md.		Balto.	YES NO	e Ave. 21218									
1	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	ME	LAST								
1	Tildon		nnett	Laura	THE DEC	Tolson								
٦	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS									
ı	No		212-10-4816	George W. E	lfrey, Same as									
ı	18 CAUSE OF DEATH (Enter or	ly one cause per lin	e for (o), (b), and (c).)	00	0 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH								
1	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	andis	Kulmonar	4 HVEST	SMIL								
1		DUE TO, OR AS A COMSEQUENCE OF												
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	underlying cause last	(   (c)	Myelo pla	lay to toly a	Huma Vera 248CL									
1	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1101								
4	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	111 6010151			200 AUTOPSY? 206. IF YES, WERE FINDINGS USED									
7	19a. DATE OF OPERATION	196. CONDING	ON FOR WHICH OPERATIO	N WAS PERFORMED	INCI	ERTIFYING CAUSES OF DEATH?								
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ſ.	(IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED	P.M.	19	711. LOCATION										
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	27x 1 certify that (1) (final and )		- 1 - 1			hour and from the causes stated								
1	saw the deceased alive on above, (I) (perfect) (44)	the body at	rer gearn.	DEGREE		22c. DATE SIGNED								
	1/1/5/	X A	1110	ATTENDING _	MEDICAL STAFF	1. 22. 81								
+	224 BASSICIAN'S NAME (11945	then L	1000	PHYSICIAN 2220. ADDRESS	DIRECTOR   PHYSICIAN	16.77								
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	Durial	0-29-8	6 Meadow	rage	Dorsey Md.									

DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc., 5305 Harford Rd.

Dorsey

Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUN 23 1986

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Starting Designation (February 1996)

Lucinord J. Brett, Inc., FRIT unriford tal.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE OLIVER E. ELLIOTT CERTIFICATE OF DEATH REG. NO DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINTE 06/02/86 ELLIOTT OLIVER AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 3. SEX 4 RACE 29. White. Male April 1918 68 TO BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Maryland BALTIMORE CITY U.S.A. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION STO MACNEST HOSPITAL ALTIMORE CITY Retired Letter Carrier-Dept. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13 COUNTY 13r CITY OR TOWN Baltimore Catonsville Maryland 15. MOTHER'S MAIDEN NAME MIDDLE Elliott Olevia James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Juliet M. Elliott 217-01-8861 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) IMMEDIATE CAUSE to Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost

23b. DATE

6/6/86

230. BURIAL, CREMATION, REMOVAL

Burial

130 STREET ADDRESS / ZIP CODE 102 Cherrydell Road Caveu ADDRESS Same as # APPROXIMATE INTERVAL DUE TO, ORAS A CONSEQUENCE OF E ZATIVE BACILLUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 HRUMBOEMBOLI ULMONBRY 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY IN CERTIFYING CAUSES OF DEATH? NOF 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on above, (I) (we) (did) (did not see the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the couses stated DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN St. Agnes Hospital, Baltimore, MD. PELCZAR

231 NAME OF CEMETERY OR CREMATORY

Leray M. Russell C. Witzke Funeral Homes P. 1250 DATION BY REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228

Loudon Park Cemetery

Baltimore

YRS

126 KIND OF PUSINESS OR

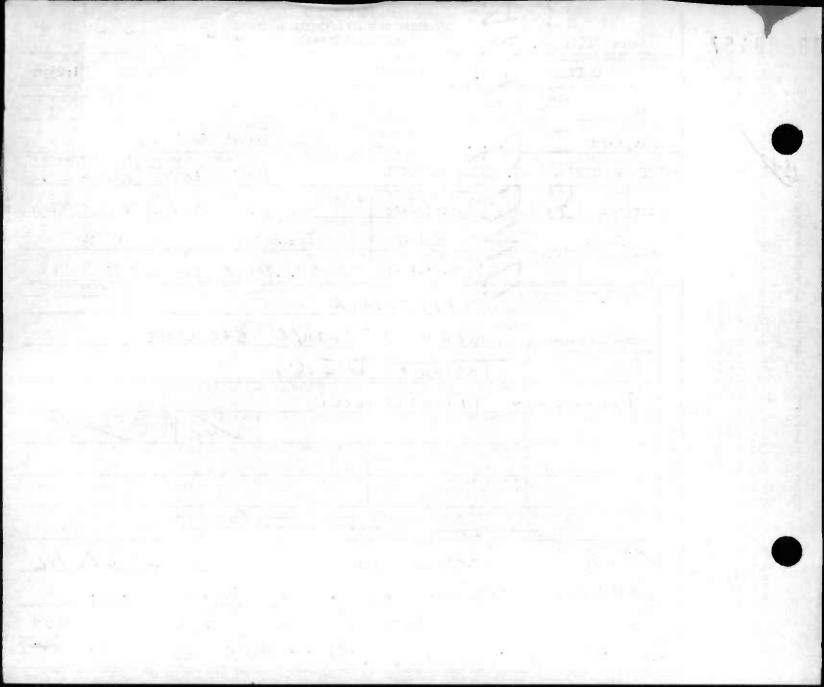
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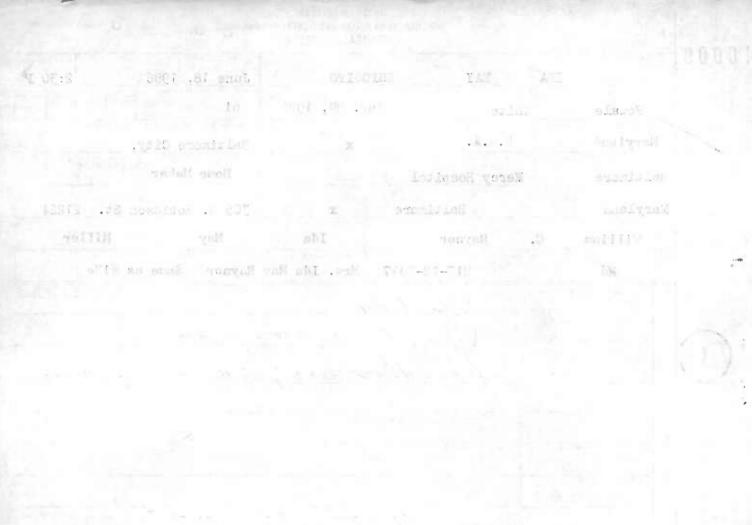
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IRY REASE DIRECTOR. OUR, FILES. 172 HOURS ON STREET		Male	Black	5. DATE OF BIRTH	YEAR YEAR	6. AGE (IN YEA 25 YR	Y) MONTH		HOURS	MIN. PRONO	DUNCED	MONTH	DAY YEAR	12:40
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OF V  ATE S  THE C  THE C  TO BE		210 EXTERN	IAL CAUSE WAS	21b. TIME OF		DAM MEAR	21c HC	W INJURY	OCCURRED	LENTER NATURE C	OF INJURY IN ITEM 18	PART I OR PART		
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AISIG FRTI FD T S SH PRI PRI PRI PRI PRI PRI PRI PRI PRI PRI	-	21d. INJURY	OCCURRED	21e PLACE		(AT HOME.		CATION						ELL
	2	¥ WHILE AT WORK	NOT WHILE	] SIRRET, FAC	TORY, FARM, ET	(C.)	2	INEET		CITY O	RTOWN	COUNT	IA	STATE
21 2 2 1 0		22a I cer	tify that I took charg	e of the Aoins des	cribed obo	ve, held an	Autaps	, K	Inspection	, Ingu	iry an	d in my apini	ian	
ANNER: FICATE CTOR:	\$	death resu		rol couse XXX	Arcident	5	ide 🗍	Homic		Undetermined		, , ,		
EXAMI CERTIFICATION BE DIRECTOR WITH			,	10	()	1		TITLE (SI						
EDICAL EXAMINER THE CERTIFICA NERAL DIRECTOR ONERAL DIRECTOR ROBE MACORE		ACTUAL		X			м			MEDICAL EX	AMINED	DATE SIGNED.	6/24/	86
DE SE	1			\ /							(Artii Vel)	3101420.		
<b>₹</b> ひ光 <b>로</b> \$	/	(TYPE OR PR	INT GE	egocy R.	Kauff	man, M.	.D.	ADDRESS_	1	ll Penn	St.			
PAGE A		30.BURIAL, CREM	ATION, REMOVAL	36 DATE	23c. N	NAME OF CEM	ETERY O	RCREMATO	ORY	23d. LOCATIO	N	COUNTY	c	TATE
07/84 BP216		Bu		5/30/86	Md	.Vet's	s Ce	mete:	ry	Owing	s Mill	Ls Ba		Md.
25M DHMH - 17		24 FUNERAL DIRE	CTOR	ADDRESS			17		250. DATE RE	C'D. BY REGIS		STRAR'S SIG		
(VR A15 ME (5)	)) (	Chatman	-Harris	FH 1701	McCi	ulloh	Str	eet	THE	0 10	00 /1/2	The state of	Brod .	M.

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1. 1975 all 1281 a	- 1631 SH	7	
	two .k	boall.	
			- 2

STATE OF MARYLAND FOR - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR

REG. NO.

	CEASED NAME	EIRST	,	MIDDLE	ī	A51	20 DATE OF DE	нтиом НТА	DAY YEAR	26 HOUR			
1117	PE OR PRINT)	IDA	MA	Y	ESPO	OSITO	June 18	1986		2:30 1	PM		
18 SE	Х		4. RACE		S. DATE C	OF BIRTH	6. AGE (IN YEARS)		IE UNDER I YE	AR IF UNDER 24 H	R.5		
5	Female	Sec.	White		Au	g. 29, 1924	61	YRS	MONTHS DAT	S HOURS MI	N.		
2/16.8	BIRTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	ITY OR COUN	TY OF DEATH					
	Maryland	ALC:	U.S.A		WIDOWE		Baltimo		MD.				
/	ITY OR TOWN OF DEA	ТН	I IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET HOSPITAL	IG HOME C	OR OTHER INSTITUTION	12a USUAL OCC (TYPE OF WORK FOR Home	OF BUSINESS (	_				
USL 13a	SUAL RESIDENCE (18 NURSING HOME OR 10 STATE 136 COUN			131. CITY OR TOW	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADD	RESS / ZIP CO	DE				
	aryland			Baltimo	re	YES X NO		Robinso	n St.	21224			
14 F	William	C	Raynor			IS MOTHER'S MAIDEN NA	May	DDIE	Mil	ler			
	WAS DECEASED EVER		MED FORCES? E WAR OR DATES)	217-12-3		Mrs. Ida May		Same	as #13e				
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	ling for (a), (b), an	dicui				APPRO BETWEE	OXIMATE INTERVAL IN ONSET AND DEAT	тн		
	PART I. DEATH W		E CAUSE (0)	poplar 1	loves	4.							
No	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediote g the lost	(0)	PAS A CONSEQUE	ENCE OF	HOVD CONOT RELATED TO THE FERM	Intal - a	CONDITION G	IVEN IN PART	lio			
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	ATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO  NO							
35	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	TH HOUR A.	M. MONTH DA	AY YEAR	AR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
MEDICAL	21d INJURY OCCURR  WHILE NOT WHI AT WORK AT WOR	RED	21e. PLACE	OF INJURY SEET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATION STREET	CIT	y OR TOWN	COUNTY	STATE			
	220 I certify that (I) sow the decease above, (I) (we) (d	ed alive on	6/17/	e deceased from 2			death occurred on			that (II (we) I e causes stated	ost		
	22b. SIGNATURE	ul	did not) view the body after death. The first property of the course state of the course of the										
	22d PHYSTCIAN'S NAME (TYPE OR PRINT)  Michael F. Plott, M.D.  100 E. Pleasant St.												
230.	BURIAL, CREMATION, I				NAME OF C	EMETERY OR CREMATORY	23d LOCATIO						
	Burial		6-21-	86 0	ak La	wn	Bal	timore,	Maryla	arid			
24 F	UNERAL DIRECTOR					25a DAT	E REC'D. BY REGIS						
		J. Ru	ick. Inc	ADDRESS Baltin	more.	Md.	JN 20 19	86 Holis	Davidson	_Mandall			
											æ		



Listensky, Elgra, a.M. (at a. Elgrany Ma. March 19. Marc

Leader J. June. Inc., paithmore, Mr.

	1
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 21201	00
	_
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	0 9
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and commitment to the funeral direction, page 3 should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages	9 0
with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.  IMPORTANT: If Hem 21 is marked at Hem 18 shows any injury, or other troumatic event, the medice	3 7

(VRA 15, 4)

				STATE OF MARYLAND		
0.7	1	FOR	DEPART	WENT OF HEALTH AND MENTAL HY	GIENE	1 - 7 6
37	1	STATE REGISTRAR / A CT	+	CERTIFICATE OF DEATH	8 Q 1	0 3 3 0
100	1. DE	CEASED NAME	MIDDLE	37	REG. NO.  2a DATE OF DEATH MONTH	OAY YEAR 26 HOUR
1		OR BRID TO				Α.
		EVANS		LIAN		0586 8155A
	3. SE	× /	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHOAY)	MONTHS DAYS HOURS MIN
	1	F	B	04 26 19	67 YRS	MONTHS DATS HOURS MIN
71	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	YOFDEATH
56		OUNTRY)		MARRIED NEVER MARRIED	Company (Co.)	11
		RYLAND	U.S.A.	WIDOWED DIVORCED	The state of the s	TIMORE WUS MD.
7/	1	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
1	BA	LTIMORE /	MERCY HOSPITAL			
20	USU		OTHER INSTITUTION GIVE RESIDENCE BEFORE		In overer appears and one	1/4/19
25		RYLAND A.A.	ANN APOL		912 A Royal St	
13		THER'S NAME	ANNAPOL	15. MOTHER'S MAIDEN NA		reet
7	1	FIRST	MIDDLE LAST	FIRST	MIDDLE	LAST
		OLIVER	PRA			ROSS
1	160 \	VAS DECEASED EVER IN U.S. AR		RITY NO. 17. INFORMANT	Annapolis Md. 1361 Tyler Ave.	21403
1	- 1	10	217-26-7	527 LEON EVANS	1361 Tyler Ave.	
		III. CALISE OF DEATH (Enter or	alu ana saura nos lina far (a) (b) an	died		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			nly ane cause per line far (a), (b), an	00 1 1000	(0:000)	
		IMMEDIA	TE CAUSE (a) CAREIN	SMA OF LUNG	G (RIGHT)	7 Months
oto			DUE TO, OR AS A CONSEQUE	ENCE OF		
		Conditions, if ony, which	( b) ME	THETATIC DI	SEASE .	
		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE			
	1	underlying couse last.	DUE TO, OR AS A CONSEQUE	INCE OF		
,		2.2.0	(c)	DEATH BUT NOT RELATED TO THE TERM		
	z				0'	
	CATION	HYPERTI		IT RIC ULCER		
5	2	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED FYING CAUSES OF DEATH?
	CERTIFI				YES NO YE	ES NO
6/1	8	210 ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
9	A.	OR CONTRIBUTING CAUSE OF DE		AY YEAR 19		
/	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
	ME		(AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOWN	COUNTY STATE
		AT WORK NOT WHILE AT WORK				
			utal) attended the deceased from_	5/29 19.86	, to6 - 05	19_66, that (1) (we) last
4		sow the deceased olive or	19 1 1) view the body after death.	36_, and that in (my) (our) opinion	death occurred on the date and have	ond from the causes stated
		22b. SIGNATURE	if view the body aner death.	DEGREE		22c. DATE SIGNED
_			0 =	ATTENDING	MEDICAL STAFF	
-		Henremof	Transit .		DIRECTOR PHYSICIAN	
2	-	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		2
MPOK AN		MOHAMM AD	INAYATULLA	TY 333 ST.	PAUL ST.REE	T BALTO, 21201
	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
		JRIAL	6-9-1986	MOSES	DRURY A.A	MARYLAND STATE
-			Annapolis, Md. 2		TE REC'D. BY REGISTRAR 25b. REGIS	
7/84		T TO THE DEPART	ADDRESS ADDRESS	136. DA	1111 1 0	
4)	WT.	TIAM KEESE & S	ONS MORTUARY P.	A. J	UN 1 0 1986 gruna	Dayson Pondette

Name of the last o 

s its the entire of

A TANTON OLD I SHOW THE LY

Item#16b

Leonard J. Ruck, Inc., 5305 Harford Rd.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE

ecing and parting and barne, FI 09482

the call the Paragraph (Paragraph)

## FOR STATE DEPAR REGISTRAR

William

160, WAS DECEASED EVER IN U.S. ARMED FORCES?

DECEASED NAME

Maryland O CITY OR TOWN OF DEATH

Baltimore

Maryland 1. FATHER'S NAME

Willaim

USUAL RESIDENCE (IF NURS

G. BIRTHPLACE (STATE OR FOREIGN

(TYPE OR PRINT)

3. SEX

		DEPARTM	LENT OF HE		RYLAND ND MENTAI OF DEATH	L HYG	IENES	6 REG	6. NO.	6	5	3	В	
FIRST	A	MIDOLE	LA	51			20 DATE	OF DEAT	H MONTH	DA	YEAR	26 HO	UR	
llia	n	н.	Fa	itz,	Sr.				6	125	5/86	8	A	
	4. RACE		S. DATE OF	BIRTH			6. AGE (	IN YEARS LA	ST BIRTHDAY)	I IF	UNDER TYEA	R IF UNDE	R 24 HRS	
	White		MONTH	2	3 2			64	1	RS MO	NIHS DAYS	HOURS	MIN.	
OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIED	_	ER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH							
	U.S.A.		WIDOWED		DIVORCED		Bal	timo:	re Ci	ty			MD.	
TH	SE NOT IN SUC	H FACILITY, GIVE STREET A	ADDRESS)					ORK FOR M	OST OF WORK					
		Scott Ke		ical	Cente	er	Secu	rity	Guar	d	C.P.I			
13P COOL		GIVE RESIDENCE BEFORE 13c. CITY OR TOWN		13d. INSIE	DE CITY LIMI				ss/ziP		ad	212	224	
	MIDDLE	Faitz			er's maide orothe		ME	MIDO	IE			spens	3	
	MED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFO	RMANT			A	DDRESS					
(1F YES, GI	VE WAR OR DATES)	215-16-5	5142	Betty L. Fa.			itz Same as				.s 13e			
											¥ 10002	WINA A TE INST	Emilai	

No	YES, NO OR UNKNOWN)	S, GIVE WAR OR DATES)	215-16-5142	Betty L.	Faitz	. Elec	Same as	13e	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUMED IMME	DUE TO, OF	Ine for (a), (b), and (c).)  RAS CONSEQUENCE OF					APPROXIMATÉ INTERVAL BETWEEN ONSET AND DEATH	
	gove rise to immediate cause (a), stating the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF (c)								
NO	part 2. Other significant conditions <u>contributing to death</u> but not related to the terminal disease or condition given in part 110.								
CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200. IF YES,							RE FINDINGS USED CAUSES OF DEATH?	
-	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY (	OCCURRED (ENTER NA	TURĘ OF INJUR	IN ITEM IS PART 1 C	OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( EAT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TO	WN (	OUNTY STATE	
	22a I certify that (1) (this has sow the deceased alivabove, (1) (we) (did) (did)	e on 6/20	19	d that in (my) (our) o		d on the do		, that (I) (we) lost from the couses stated	
	722b. SIGNATURE	e Moc	Currier ?	MA ATTENE	DING MEDICAL	STAF	F	0/25	
	228 PHYSICIAN'S NAME (1	YPE OR PRINT)	8	22e ADDRESS	KMC				
23n I	BURIAL CREMATION REMO	VAL 23b DATE	23¢ NAME OF CE	EMETERY OR CREMA	TORY 23d LOCA	TION		THE PART OF LAND	

DHMH - 16 60M 7/84 (VRA 15, 4)

and Mental Hygiene prior to burial, cr

18 show

os the buriol-tronsit pe

TO FUNERAL DIRECTOR. After should be detoched for use as the with the State Dept. of Health or IMPORTANT; If Item 21 is marke

(SPECIFY) 6/27/1986 Burial

Glen Burnie

Maryland

24 FUNERAL DIRECTOR Duda-Ruck, Inc. 7922 Wise Avenue

Dundalk, Maryland 21222

Glen Haven

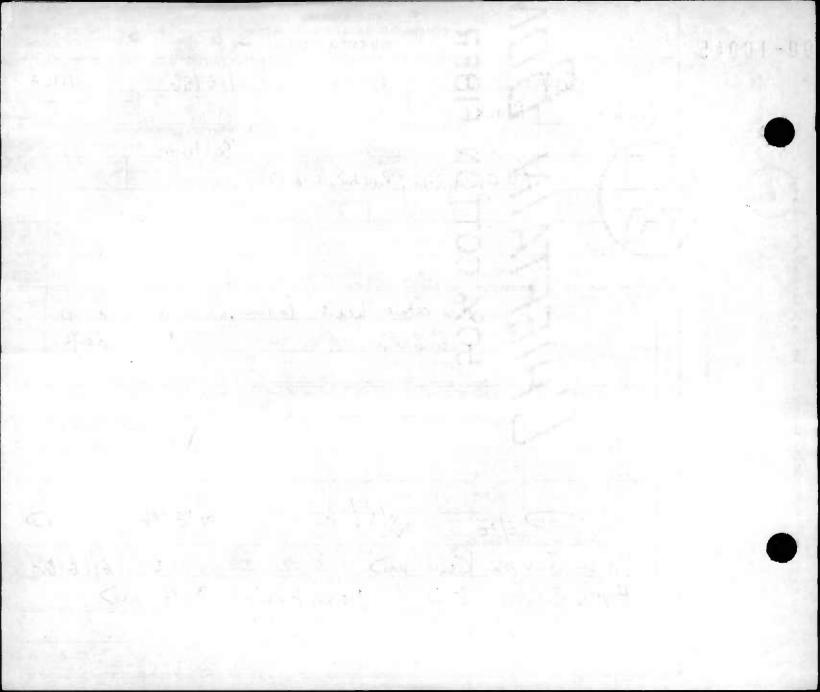
250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

Auginian Season

3	U		U	-
	•	death, Page 4 may be		funarol director popp 2
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND PROL	NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death. Figs. 4 may be	offending physicion.	feer this careful has been cioned by the attending observation and homelated to by the funeral diseases none 3

					E OF MARYLAND		
10015	1.	FOR STATE			EALTH AND MENTAL	HYGIENES 6	16540
1-10045		REGISTRAR			ICATE OF DEATH	REG. NO.	
41 M E		CEASED NAME FIRST	WIDDLE	4	EAST	20. DATE OF DEATH MO	INTH DAY YEAR 26 HOUR
noy be poge 3 er death		Sall	0,	F	arran	6/18/86	/10Am
frer p	3. SE	X	1. RACE	5. DATE (		6. AGE LIN YEARS LAST BIRTHO	MONTHS DAYS HOURS MIN.
Fire 4 mo		temale	Black	10		76	YRS
		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH
9 9 9	V	irginia	U.S.A.	WIDOWI	ED DIVORCED		re CITY. MD
the fundamental distribution		TY OR TOWN OF DEATH	11. NAME OF HOSPITA	L, NURSING HOME O	OR OTHER INSTITUTION	12a USUAL OCCUPATION	
2 2		ALTIMORE	Mulas Hos	sital, Ba	Church Mi		
d in	USU. 13a. S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RES	ENCE BEFORE ADMISSION)	1136 INSIDE CITY LIMITS	5? 13e STREET ADDRESS / Z	IP CODE
filled ould be		ryland —		ltimore	YES NO	1815 Maulsb	y Court 21237
vithire etely 12 sh	14 FA	THER'S NAME	WIDDLE	TAST	15. MOTHER'S MAIDEN	NAME	
ed w		Richard		erson	Marshall	WIDDLE	Anderson
d court		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS	
n ond ro Poges	U	res, no or unknown) (IF YES, GIV	E WAR OR DATES)	28-28-9707	Berta Farr	ar 1815 Mauls	by Court
- 0 0 0		18 CAUSE OF DEATH (Enter on	ly one cause per line for		Λ.	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
350		PART I. DEATH WAS CAUSE	D DV	ns as hie	boart to	ulum att Sem	e Days
th cert nding carbo , or re		IMMEDIA	DUE TO, OR AS A				
o e e e o n		Conditions, if any, which		enmana			days
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A C				0
oth cr		underlying cause last	(c)	ONSEGUENCE OF			
	CERTIFICATION	PART 2. OTHER SIGNIFICANT O		ITING TO DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDIT	ION GIVEN IN PART 110
requires en signe Then pl r to buri injury, c							
mit berio		190 DATE OF OPERATION	196. CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED
N See See	TEK	STANTANTON OF				YES IN NO.	YES NO NO NO
TSICIAN: The ing physicion certificate world-transit independent in the ingression i	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR		21c. HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)
ySICIAt ding ph s certifi buriol-tr Mentoll	¥	OR CONTRIBUTING CAUSE OF DEA	on.	ONTH DAY YEAR	0.000		
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJU	RY	211 LOCATION	CITY OR LOWN	COUNTY STATE
DING PH or offen After thi e os the I olth and morked a	¥	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO	ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
Mo A A O O O O O O O O O O O O O O O O O		27s I certify that (Cithis hospi	tunation ded the decea	sed from 6	166 19	6/18	26 19, that (h (we) lot
OR ATTENDIN or hospital or of DIRECTOR: Aft sched for use or Dept of Health f Hem 21 is mor		sow the diveosed alive on obove. If the initial (did no	6/18	19 60.0	nd that in (my) (our) opin	nian death accurred on the date	and haur and fram the couses stated
OR ATTEN OR ATTEN DIRECTOR oched for u Dept of H.		22b. SIGNATURE	The bady after de	oth.	DEGREE		224. DATE SIGNED
7 + 7 + 9 -		11m do	sema Ci	in hus	ATTENDIN PHYSICIAL	G MEDICAL STAFF	6/12/26
		224 PHYSICIAN'S NAME (1991 O	R PRINT)		22e ADDRESS	N DIRECTOR THIS DELA	10/10/06
오늘 교육 등		HOLLAN STOS	BERN C	in	Mercy to	snital Ball	5. mis
Shoots of shoots	23a, F	SURIAL, CREMATION, REMOVAL			EMETERY OR CHEMATO	RY 23d LOCATION	· · · · · ·
BP		BURIAL	6/23/86		Ridge Cemet	CITY OR LOWN	County Md.
		JNERAL DIRECTOR	0/20/00	Diaid		DATE REC'D. BY REGISTRAR 25	REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/B4 (VRA 15, 4)	M	arch Funeral Ho	mes 1101 Fa	st North	venue	UN 20 TORR	la Burdian-Randolla
(400 10' =)		ar on rancial no	mes itoi La	30 HOLDIE	venue	2 0 1000	



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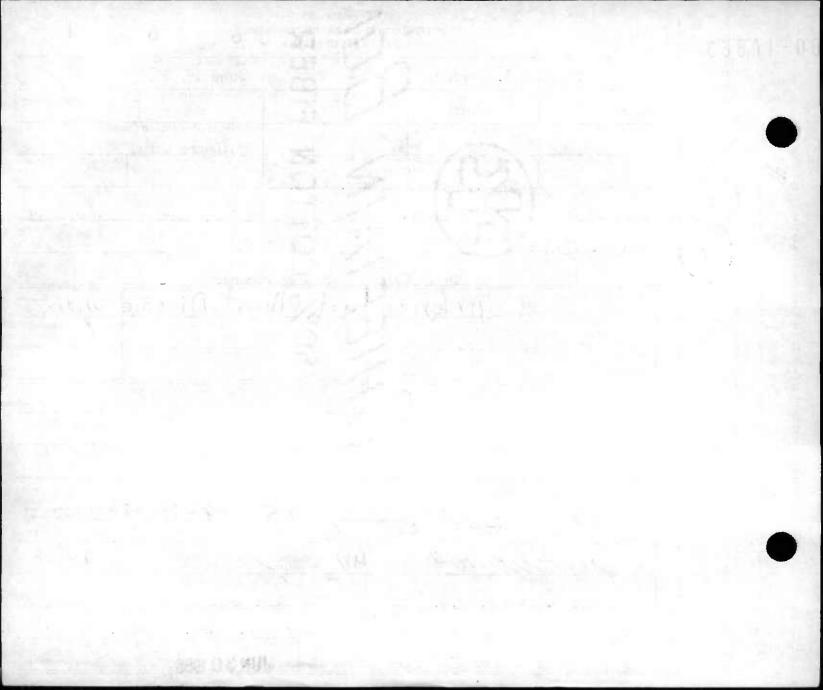
al director, page 3 2 hours after death

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove corbanappers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical retained by the hospital or attending physician.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR			OF HEALTH AND MENTAL HY	BENE 6   REG. NO.	6 5 4	
14.44	neresa A. I	Feelev	LAST	June 18,	MONTH DAY YEAR	2b. HOUR
3. SEX Female	4 RACE	5. C	DATE OF BIRTH  MANY 15 1896 YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS HOURS MIN.
70 BIRTHPLACE (STATE OR FOR		WHAT COUNTRY? 8	ARRIED NEVER MARRIED		R COUNTY OF DEATH	
Maryla 10. CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING HO	DOWED DIVORCED DIVORCED DIVORCED	Baltimore	ON 12b. KIND C	MD. OF BUSINESS OR
Baltimore USUAL RESIDENCE (IF NURSING	223 E	Northern	Pkwy., Apt. C	at home	F WORKING LIFE) INDUSTRY	
Maryland	b COUNTY	13c. CITY OR TOWN  Balto.	13d. INSIDE CITY LIMITS?		zip code orthern Pkw	v. 21212
George W. T	asker	IAST	15. MOTHER'S MAIDEN NA FIRST  Annie C	MIDDLE	LAS	51
160. WAS DECEASED EVER IN (YES, NO OR UNKNOWN)	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	216 17 69		ADDRE	SS	
	Enter anly one cause pe CAUSED BY.		celerat's H	10.	ST 218 M	ONSET AND DEATH
PART 2 OTHER SIGNIF	which diote the last. (b)	R AS A CONSEQUENCE R AS A CONSEQUENCE ONTRIBUTING TO DEAT		ainal Disease or coni	DITION GIVEN IN PART 1:	0
190 DATE OF OPERATION	19b. COND	ITION FOR WHICH OPE	ration was performed	20a AUTOPSY?  YES NO	20b. IF YES, WERE FIND II IN CERTIFYING CAUSES YES	
21a ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER INDTIFY MEDICAL 21d INJURY OCCURRE	SE OF DEATH HOUR A	DF INJURY M. MONTH DAY M.	YEAR 19	RED (ENTER NATURE OF INJUR	RY IN-ITEM 18 PART 1 OR PART 2)	
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME ST	OF INJURY REET FACTORY, OFFICE, FARM, E	211 LOCATION STREET	CITY OR TO	wn county	STATE
220 I certify the 111/th sow the condition 22b. SIGN 22d. PHYSICIAN'S NAM	Allon	after death	, and that in (my) (aur) opinion  DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	deoth occurred on the do	ote and hour and from the	
Robert 230. BURIAL, CREMATION, RE	E. Stoner	M.D.	7710 YOZ E OF CEMETERY OR CREMATORY	23d LOCATION		
burial 24 FUNERAL DIRECTOR	6/21	186 Du	laney Valley M		Balto. Co	ounty, MD
Evans Chape	of Chime	s 2325 Yor		JUN-30 1988	in maille again	

DHMH - 16 60M 7/84 (VRA 15, 4)



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH (TYPE OR PRINT) 96 3 SEX A AGE LIN YEARS LAST BIRTHDAY White 78 BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ( STATE OR FOREIGN MARRIED | NEVER MARRIED | OWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) Surveyor State of Maryland 13e STREET ADDRESS / ZIP CODE 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Marinaldo 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (IF YES GIVE WAR OR DATES) Marinaldo Figueiredo, 3003 Putty Hill 18 CAUSE OF DEATH (Enter only one cause per line for tal, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSPOUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OLHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS MEDIC/ 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY COUNTY CITY OF TOWN STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from\_ sow the deceased alive on The 27 above, (I) (we) (did) toid not view the body after death \_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c DATE SIGNED STAFF MEDICAL ATTENDING PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME LITTE OF PER 22e ADDRESS ld b

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc., 5305 Harford Rd.

230 BURIAL CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

7-3-86

23b. DATE

231 NAME OF CEMETERY OR CREMATORY

Gardens of Faith

23d LOCATION Bal to.

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

STATE

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COUNTY

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Variable Vigorizeds, 7007 Party Hill Ave.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR	CERTI	FICALE OF DEATH	REG. NO					
1. DECEASED NAME FIRST (TYPE OR PRINT) Hel	en Finne	erty	June 4,	1986 1:00 PM				
3. SEX Female	1 RACE S. DATE MON	OF BIRTH 12 1/5	6. AGE (IN YEARS LAST BIRTH	HDAY) IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS				
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY ORIO	U.S.A. WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR Baltimon	re (ity MD.				
Baltimore	- ' -	reet	(TYPE OF WORK FOR MOST OF RETURNS					
Maryland 13b. CO	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION UNTY Baltimore	YES XX NO		zip cope ett St. 21224				
Joe	Endrich Endrich	15. MOTHER'S MAIDEN NAM	ME	TAST				
(YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO. 220-20-8504	17 INFORMANT Rose Baker	1041 Fox Ria	lge Lane Balto.21221				
PART I. DEATH WAS CAU	gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF							
PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	T CONDITIONS <u>CONTRIBUTING TO DEATH</u> BU		200 AUTOPSY?  YES NON	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO				
OR CONTRIBUTING CAUSE OF E  (IF EITHER NOTIFY MEDICAL EXAMIN  21d INJURY OCCURRED  WHILE NOT WHILE			RED (ENTER NATURE OF INJURY					
22a   certify that (I) (this has	COLGRANT)	DEGREE ATTENDING PHYSICIAN 22e ADDRESS SUL	death accurred on the date of					
23a BURIAL, CREMATION, REMOVA (SPECIFY) Burial	al 236. DATE 236. NAME OF Garden	CEMETERY OF CREMATORY  S of Faith	23d. LOCATION Overlea, E E REC'D. BY REGISTRARIZ	Balto Co. Md. State Sh. REGISTRAR'S SIGNATURE				
	n & Son Inc. 901 S. (0)		E REC D. DI REGISTRAR Z	JU. REGISTRAR S SIGNATURE				

DHMH - 16 60M 7/84

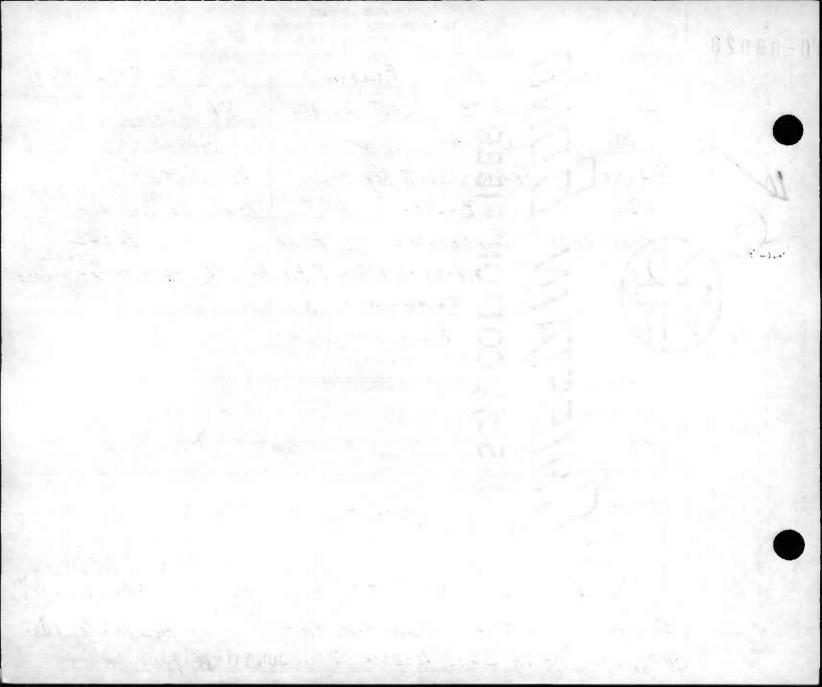
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ge 4 moj ector. po irs ofter d	3 SE		black	5. DATE OF BIRTH  MONTH  DAY  VEAR  1 999	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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by the fun filed within	B	Utimore	(IF NOT IN SUCH FACILITY, GIVE	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING RETINED	12b KIND OF BUSINESS OR INDUSTRY
in 24 but at y filled in by the should be filed	13a S	AL RESIDENCE (IF NURSING TOME OF	TY / ISC CITY OF	TOWN 13d INSIDE CITY LIMITS? YES NO 1	STREET ADDRESS / ZIP CO	DE Park Brise
and 2	)5	ATHER'S NAME FIRST		imas Ella	WIDDIE	Line
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squires that the death ce is signed by the attending Then please remave corb to burial, cremation, or injury, or other troumatic	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON-	n- Interpred of	Sy process of the state of the	IVEN IN PART 110
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PHYSICIAN: The ending physicion. this certificate ho te buriol-tronsit per ad Mentol Hygiene d or Item 18 show		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		1 DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 2)
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TTEN TOR far us of He 21 is		220.1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did no	/ 1 -		death occurred on the date and h	that    (we) last our and from the causes stated
TAL OR A y the hos RAL DIREC detached tote Dept.		22h. SIGNATURE	a Sheet	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DAJE SIGNED
retoined by the TO FUNERAL I should be detoined with the Store [MPORTANT: If		22d, PHYSICIAN'S NAME (TYPE O	1. SHAH	MD. Lufterer		MA BALTT
BP		Burial, Cremation, Removal SPECIFY) Burial	23b. DATE 6/23/86	23t. NAME OF CEMETERY OR CREMATORY Crest Lawn Cemetery		COUNTY STATE
OHMH - 16 60M 7/84 (VRA 15, 4)		irch Funeral Ho	me West 4300 N	Wabash Avenue 25a. DA	UN 1 8 1986 256 REG	STRAR'S SIGNATURE "

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23	1 -	STATE REGISTRAR	DEI	CERTIFICATE	OF DEATH	ENE 8 6	1 6	5 4 5
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35		OUNTRY) MD.	O. S. A	MARRIED N	EVER MARRIED DIVORCED	9 BALTIMORE CITY O	FINAL ETE	тн 1
37	10 CI	BALTO.	11. NAME OF HOSPITAL, N (IS NOT IN SUCH FACILITY, GIVE PLANCES	CO THE	M-C.	12a USUAL OCCUPAT (TYRE OF WORK FOR MOST OF	OF WORKING LIFE) INDU	IND OF BUSINESS
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te Dept		17h SIGNATURE	1 Acres 1	DE GREE	ATTENDING PHYSICIAN	MEDICAL STA	FF _	DATE SIGNED
with the State		174 PHYS MAN'S NAME (1905)	DR PRINT) SCHOOL A	1 10 A February	DDRESS  With Shaff Les	Medicie C	7	n Avenue
with MP	1	LIRIAL, CREMATION, REMOVAL	1001	23c. NAME OF CEMETER	M	23d. LOCATION City OR TOWN	1/2 COUNTY	D C 101
60M 7/84		INERAL DIRECTOR	16-7-86	MEADOWRID FLUDSON	250. DATE	REC'D. BY REGISTRAR		GNATURE
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STATE OF MARYLAND



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NIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	LE	VG PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	ottending physicion.	ter this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 is the buriot-transit permit. Then please remove corbangopers. Pages Land 2 should be filed within 77 hours after death

TO FUNERAL DIRECTOR: A should be detoched for use with the State Dept. of Heol

(VRA 15, 4)

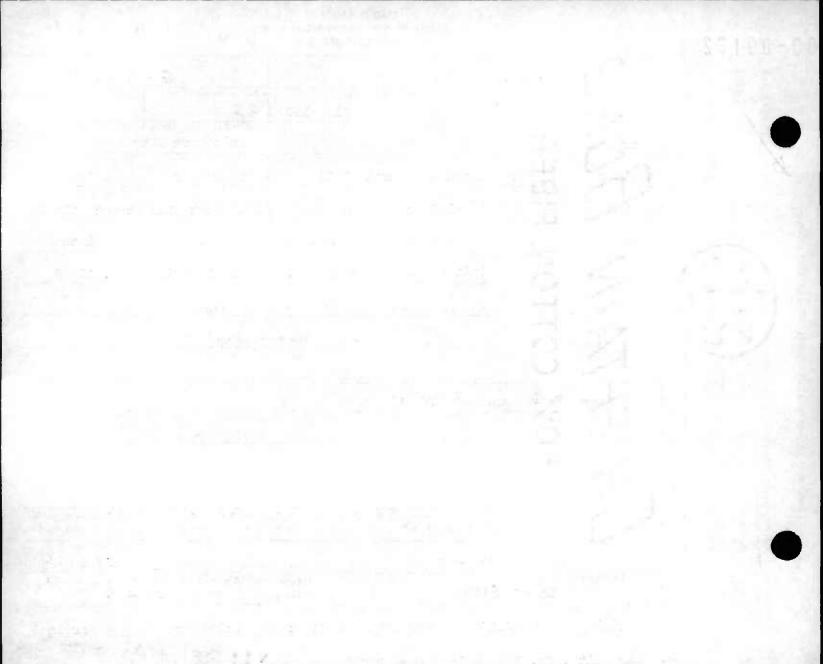
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE OF DEATH 2b. HOUR TYPE OR PRINTI 23,86 12.10 Am Helen Theresa FISHER 3. SEX 4. RACE 5. DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF UNDER 21 HRS MONTH DAY YEAR Female 16 White 31 Dec. 54 TO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED Maryland USA DIVORCED WIDOWED Baltimore City 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore St. Agnes Hospital Secretary Auto Repair USUAL RESIDENCE (IF MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Lansdowne 3402 Hollins Ferry Rd., 21227 Maryland NO X A. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE Paul Bayer Myrtle Litz ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 217-26-8895 Nolley P. Fisher, Sr., 3402 Hollins Ferry Rd. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY piratore IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF metastesis Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse Concer CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 to chemother CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21a ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC | NOT WHILE WHILE AT WORK 220.1 certify that (1) (this haspital) attended the deceased from 12 Am 6/23 19 86 sow the deceased alive on\_ and that in (my) (our) apinion death accurred an the date and hour and from the couses stated obave, (1) (we) (did) (did not) view the bady after death Hem 226. SIGNATURE DEGREE 22c DATE SIGNED + MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 6/26/86 Loudon Park Cemetery Maryland Burial Baltimore 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 21229 DHMH - 16 60M 7/84

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

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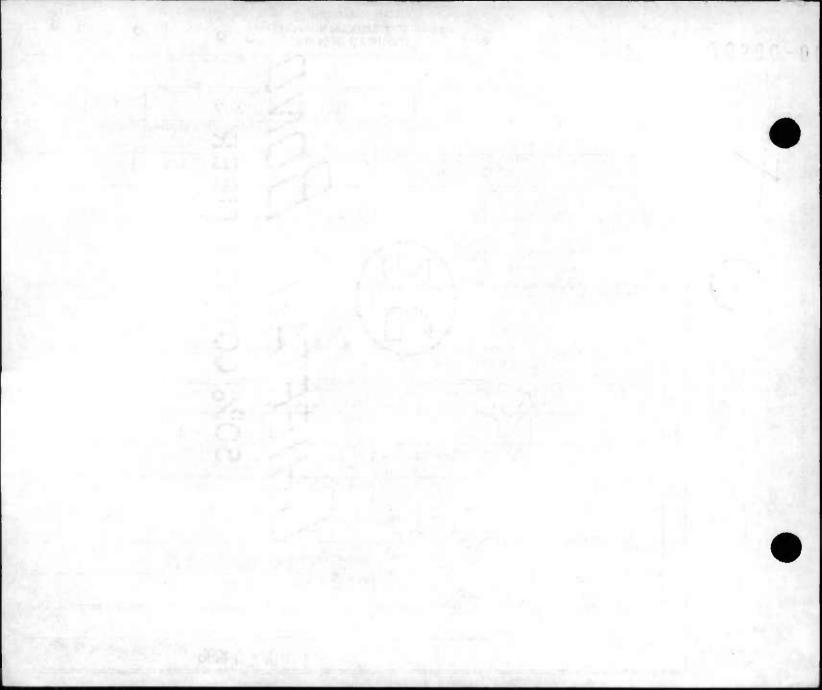
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DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Alan Seitz, J	r. 3818	Roland A	ve. 2		IN 11 1986	25b REGISTRA	AR'S SIGNAT	No.



ALTIMORE, MARYLAND 21201
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W. PRESTON ST.
201
OF VITAL RECORDS, 3
DIVISION OF
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				STATE OF MAKTLAND		
9967	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 5 4 6
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mo)	3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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1 日 マンハ			76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNT	Y OF DEATH
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1/1 27	10 C	TY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS OR
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		101	1) ) "	PHYSICIAN	DIRECTOR PHYSICIAN	
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eroined by the recount of the should be det with the Store IMPORTANT:		JAVAII) .	M. SHAF1			
E 5 F ~ > 7		SURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY
BP		Burial	6/22/86 B	ethel Cemetary		th Carolina
DHMH - 16 60M 7/B4		INERAL DIRECTOR	ADDRESS	25a. DAT	E REC'D. BY REGISTRAR 256, REGIS	TRARIS SIGNATURADE
(VRA 15, 4)	L	eroy O. Dyett	4600 Liberty	Hght.Ave. JU	N 1 9 1986 Julian	



24 FUNERASCH Phunek Funeral Home, Inc.

3331 Brehms Lane, Balto, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

STATE OF MARYLAND

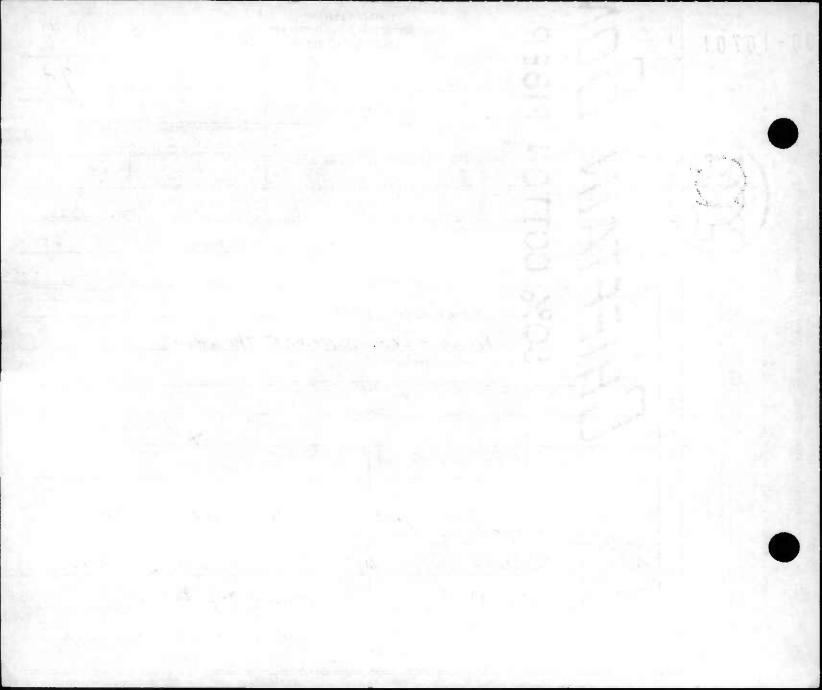
26 HOUR

21218

STATE

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

UNDER 24 HRS

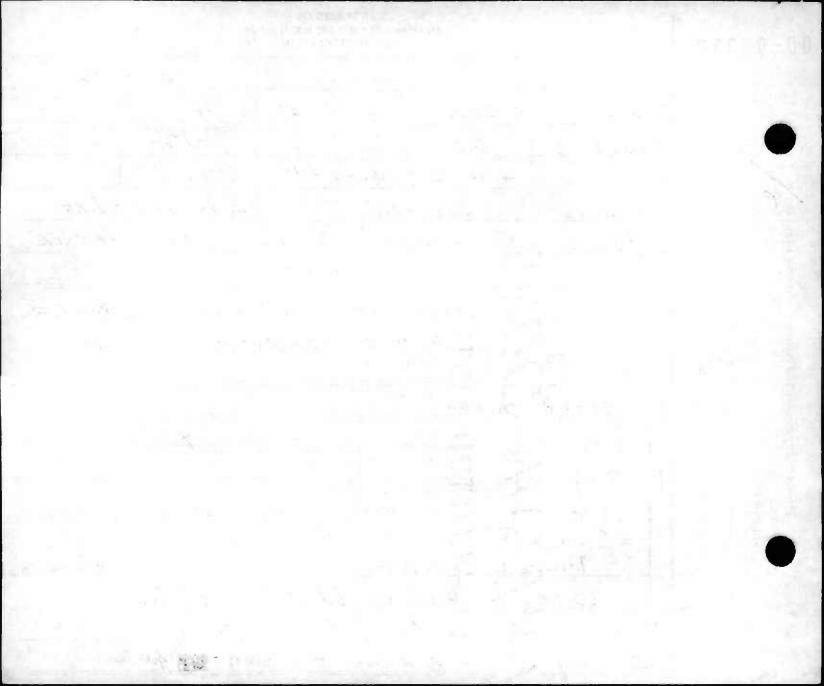


DHMH - 16 50M 1/76 (VR A 15 (4) )

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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4	0		-	-

1	FOR STATE REGISTRAR	DEPART	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE &	6550
	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	10.	AN	FLORENCE		0 4 0%
750	MALE	Black	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY)  IF UNDER 1 YEAR IF UNDER 24 HI  MONTHS DAYS HOURS MIN  YRS
7a BII	NTHPLACE (STATE OR FOREIGN DUNTRY) DARUAN	76 CITIZEN OF WHAT COUNTRY	* MARRIED NEVER MARRIED WIDOWED DIVORCED	1 67	PCOUNTY OF DEATH
B	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL HURS	ING HOME OR OTHER INSTITUTION 21215	120 USUAL OCCUPATI	POORKING LIFE) 12b. KIND OF BUSINESS (
134.5	RESIDENCE IN HERE NG HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO STATE OF THE	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ARK Hats AVEZIZI
A FA	John	MIDDLE T. Flore	NOTHER'S MAIDEN N	E MOB.	BARKER
	VAS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SEC E-WAR OR DATES)	Chart	ADDRE	SS
	PART I. DEATH WAS CAUSE	lly ane cause per line far (a), (b), a D BY TE CAUSE (a) VENT R	ICULAR ARR	YTHMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT MINUTES
	Canditians, if any, which	DILATE	UENCE OF		YEARS
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQU			
NO	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER.	minal disease or coni	DITION GIVEN IN PART 1(a)
TIFICATION	19s DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
CAL CERT	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RRED (ENTER NATURE OF INJUR	YY IN ITEM 18, PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE HIDT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 21f LOCATION STREET	CITY OR TOW	OUNTY STATE
N	220.1 certify that This haspi	tal) attended the deceased from APRIL 19 1) view the body after death.	5 b, and that in (my) (aur) apinion	, 10	, 19, Indi (I) (we) I
		If we've the body diver death,	DEGREE		221. DATE SIGNED
	216 SIGNATURE DILON	is m. Emeral	MA ATTENDING PHYSICIAN	MEDICAL STAF	
	20	Δ -	PHYSICIAN	EAGER 3	



(VRA 15, 4)

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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BEZES -				THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)						-	100			
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SHEET A	N.	UNDERLYING	OR NG CAUSE OF DEAT	HOUR A.M.	6-1	7 1986	subject	hanc	rod h	imcol	f			
	~	21d. INJURY C		H ? P.M.			21f LOCATION	Haric	jeu II.	THIPCT	Τ			
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T. ST. ST.														
MA SOR HO		22a. I certi	fy that I taak charge of	the remains desc	ribed aba		Autopsy X,	Inspecti	ion .	Inquiry	L, on	d in my op	inion	
<b>₹</b> ₩₩₩		death result	ed from: Natural co	uses,	Accident	, Suicio	le XX, Homi	cide .	Undet	termined m	anner .			
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NE NE SE		EXAMINER'S	NAME											0.3
* SHE FE	-	TYPE OR PRI	NT) Margari	ta A. K	orell	, M.D.	ADDRESS_	111	Penn	St.,	Balto	, MC	d. 212	01
TO MEDICAL EXECUTE THE PAGE 4 SHO TO FUNERAL AFTER DEATH BALTIMORE, 1	23a. Bl	RIAL, CREMA	TION, REMOVAL 236 D	ATE , -	23c N	IAME OF CEME	TERY OR CREMAT	ORY	23d. kg	DCATION	,			
	JS	FICHY)	1/1/1/1	-74.8	6 1	14 %	1 /		195	ORTOWN	nes.	COUN	TY T	STATE
BP	24 5	INERAL DIREC	100	01-0	- 6	vou	CUS C	em	1		2 100 050	CTD ABIC -	1/	Cal .
DHMH - 17	29. 16	NAME A	100	ADDRESS	(1)	/ .	m ./ n			REGISTRA	AR 25b. REGI		GNATURE	- 1
(VR A15 ME (5))	1	Ch	inmonte.	neral Ho.	ne di	30224.	lorth ha	JUN	ZO	1986	de la constante			12.0
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07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DERTH REGISTRAR REG NO DECEASED NAME 20 DATE KNOWNXX MONTH (TYPE OR PRINT) ESTI-Weldon Jack DEATH MATED 6-28 19 86 Ford 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE d HOUR 83 YRS PRONOUNCED 11:40 9 1902 black male 1986 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY! N.C. DIVORCED Baltimore City, IO CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Retired Baltimore 2910 Keyworth Avenue Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Ford, Sr MIDDLE Lucy Weldon 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 212-09-6063 Rickie Ford 2910 Keyworth Avenue No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL EXECUTE THE CRETIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, FTC. CITY OF TOWN COUNTY STATE Inspection XX 22a. I certify that I took charge of the remains described above, held an ond in my opinion Notural couses XX death resulted from Accident Undetermined manner TITLE (SPECIFY) 6-29-86 Assistant SIGNATURE EXAMINER'S NAME Dennis F. Smyth, 111 Penn St., Balto., Md. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Randallstown SMD King Memorial Park 7/3/86 Burial

07/84 BP\_\_\_\_\_\_\_ DHMH - 17 (VR A15 ME (5))

24. FUNERAL DIRECTOR

March Funeral Home West 4300 Wabash Avenue

the formal part of the

MIDDLE

FOR

REGISTRAR

DECEASED NAME

- STATE

(TYPE OR PRINT)

IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** BALTIMORE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e.STREET ADDRESS / ZIP CODE FORRESTER SCINDALL ST BALTIMORE MD 21230 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 786 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE CITY OR TOWN and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated STAFF PHYSICIAN DIRECTOR PHYSICIAN S. Hanorust COUNTY STATE 6 - 12 - 86Removal N.1 8 1986 Fulia Davids Ren 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B3 Balto., Md. Anatomy Board (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

MONTH

26 HOUR

20. DATE OF DEATH

	STATE OF MARYLAND	
FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	E
- STATE PEGISTRAP	CERTIFICATE OF DEATH	O

	REGISTRAR						REG. N	0.		
	CEASED NAME	FIRST	4	MIDDLE		AST (Jackson)	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
1,	DOI	RA			FOS	STER		6/10	0/86	11 54
3 SE)	х	- 4	RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
	F			B	MONTH	28/18	68	YRS	ONTHS DAYS	HOURS MIN
	IRTHPLACE (STATE OR F	FOREIGN 7	b CITIZEN OF	WHAT COUNT	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH	MAD
VA			U.S.	A.	WIDOWE		RACTIMO	RE C	ITY	
10. CI	ITY OR TOWN OF DEA	ATH 1	1. NAME OF H		TREET ADDRESS)	OR OTHER INSTITUTION	17a USUAL OCCUPATE		126. KIND O INDUSTRY	F BUSINESS C
	ALTIMORE AL RESIDENCE (IF NURS	ING HOME OR O					1			
130 S	STATE	136 COUNT		134_CITY OR T	NWO	13d. INSIDE CITY LIMITS?	218 N. CHA	ZIP CODE	21221	
_	ARYLAND	Control		BALTI	MORE	YES X NO		LET 21	. 2123.	
14. FA	ATHER'S NAME FIRST	M	IDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LAST	
1	GEORGE	CHI.		FAUC	CEIT	JOSEPHINE			TRAY	
	VAS DECEASED EVER		ED FORCES?	166 SOCIALS	ECURITY NO.	17 INFORMANT	ADDRE	ESS		
	NO	(11 723, 0172	0. 0. (23)	212184	4914	DOROTHY DI	XON 218 N.	CHAPEL	STREET	
	18 CAUSE OF DEATI	H (Enter only	one couse per				2021	014 11 1111		MATE INTERVAL
	PART I. DEATH W	AS CAUSED	BY.	SEPS13	~				Bettween	INSET AND DEAT
		IMMEDIATE	CAUSE (0)	101010						
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	Conditions, if ony,		(b)	r as a conse	OUENCE OF					
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	gove rise to imm cause (a), statin underlying cause	nediate ig the last.	DUE TO, OF	R AS A CONSE	QUENCE OF	NOT RELATED TO THE TERA	, ainal disease or con	DITION GIVEN	N IN PART Iro	
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ATION	gove rise to imm cause (a), statin underlying cause	nediate ig the last. NIFICANT CO	DUE TO, OF	RAS A CONSE	TO DEATH BUT	NOT RELATED TO THE TERM  CUKOPENII  N WAS PERFORMED	MINAL DISEASE OR CON  T200 AUTOPSY?	11.551	N IN PART 110	
IFICATION	gove rise to improve couse (a), statin underlying couse  PART 2. OTHER SIGN  ESRD	nediate ig the last. NIFICANT CO	DUE TO, OF	RAS A CONSE	TO DEATH BUT	LEUKOPEN11	200 AUTOPSY?	206 IF YES, IN CERTIFYI		GS USED OF DEATH?
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1 CERTIFICATION	gove rise to improve couse (a), statin underlying couse  PART 2. OTHER SIGN  ESRD	nediate g the lost.  NIFICANT CO	DUE TO, OF	ONTRIBUTING  ANEM TION FOR WH	TO DEATH BUT	LEUKOPEN11	200 AUTOPSY?	20b IF YES, IN CERTIFYI YES	WERE FINDIN NG CAUSES	GS USED OF DEATH?
	gove rise to imm cause (a), stofin underlying couse  PART 2. OTHER SIGN  E. S.R.D. (19a DATE OF OPERA)  110. ACCIDENT WAS UND OR CONTRIBUTING (1) (1) FEITHER, NOTIFY MEDIC	nediate g the last.  NIFICANT CO M CA TION  DERLYING CAUSE OF DEATH CAL EXAMINER)	DUE TO, OF	ONTRIBUTING  ANEM TION FOR WH  FINJURY M. MONTH M.	TO DEATH BUT	N WAS PERFORMED	200 AUTOPSY?	20b IF YES, IN CERTIFYI YES	WERE FINDIN NG CAUSES	GS USED OF DEATH?
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MEDICAL CERTIFICATION	gove rise to imm cause (a), stofin underlying couse  PART 2. OTHER SIGN  E. S.R.D. (19a DATE OF OPERA)  110. ACCIDENT WAS UND OR CONTRIBUTING (1) (1) FEITHER, NOTIFY MEDIC	nediate ig the lost.  NIFICANT CO  TION  DERLYING	DUE TO, OF	ONTRIBUTING  ANEM TION FOR WH  FINJURY M. MONTH M.	TO DEATH BUT  ILA  IICH OPERATIO  DAY YEAR  19	N WAS PERFORMED  216 HOW INJURY OCCUR	200 AUTOPSY?  YES NO	20b IF YES, YIN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDIN NG CAUSES	GS USED OF DEATH? NO
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	PART 2. OTHER SIGN  CSRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UNE OR CONTRIBUTING  (IF EITHER, NOTHEY MEDIX  WHILE NOT WAS ALWOOD  22a. I certify that (1) sow the decease	nediate lost.  In lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  (this hospitold olive on	DUE TO, OF TO TO THE TO	PAS A CONSE  ONTRIBUTING  HOME  FINJURY  M. MONTH  M.  DF INJURY  BEIL FACTORY, OFF	TO DEATH BUT  A HICH OPERATIO  DAY YEAR  19  INCE FARM, ETC.)	N WAS PERFORMED  21c HOW INJURY OCCUR  211 LOCATION STREET	200 AUTOPSY?  YES NO NO NOTE:  NEED (ENTER NATURE OF INJUITY OR TO	20b IF YES, IN CERTIFYI YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  T I OR PART 2}	GS USED OF DEATH? NO  STATE
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	GOVE rise to imm couse for storing couse of storing underlying couse  PART 2. OTHER SIGN  ESRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COUSE  (IF EITHER, NOTHY MEDIX 21d. INJURY OCCURE WHILE AT WORK AT WORK AT WORK  22a.1 certify that (1) sow the decease obove, (1) (we) (5)	nediate lost.  In lost.  NIFICANT CO  TION  DERLYING  CAUSE OF DEATH CAL EXAMINER)  RED  (this hospitold olive on	DUE TO, OF TO TO THE TO	PAS A CONSE  ONTRIBUTING  HOME  FINJURY  M. MONTH  M.  DF INJURY  BEIL FACTORY, OFF	DAY YEAR  19  10 DEATH BUT  11 A  11 A  12 A  13 A  14 A  15 A  16 A  17 A  18 A  19 A  19 A  10	N WAS PERFORMED  216 HOW INJURY OCCUR  211 LOCATION STREET  19 and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO  CITYOR TO  death occurred on the do	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  T I OR PART 2}	GS USED OF DEATH? NO  STATE
	gove rise to imm cause (a), stating underlying couse  PART 2. OTHER SIGN  ESRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UNED OR CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d. INJURY OCCURE WHILE WHILE AL WORK  22a.1 certify that (1) saw the decease above, (1) (we) (c  22b. SIGNATURE	nediate log the lost.  NIFICANT COMMITTION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  (this hospitoled olive on did) (did not)	DUE TO, OF IC)  DUE TO, OF IC)  ONDITIONS CO  PD  196 CONDI  216 TIME O HOUR A.I. P.I. 21e PLACE ( (AT HOME STR VIEW the body)	PAS A CONSE  ONTRIBUTING  HOME  FINJURY  M. MONTH  M.  DF INJURY  BEIL FACTORY, OFF	DAY YEAR  19  10 DEATH BUT  11 A  11 A  12 A  13 A  14 A  15 A  16 A  17 A  18 A  19 A  19 A  10	N WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  . 19	200 AUTOPSY?  YES NO  CITYOR 10  death occurred on the do	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	GS USED OF DEATH? NO  STATE
	GOVE rise to imm couse for storing couse of storing underlying couse  PART 2. OTHER SIGN  ESRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UND OR CONTRIBUTING COUSE  (IF EITHER, NOTHY MEDIX 21d. INJURY OCCURE WHILE AT WORK AT WORK AT WORK  22a.1 certify that (1) sow the decease obove, (1) (we) (5)	nediate log the lost.  NIFICANT COMMITTION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  (this hospitoled olive on did) (did not)	DUE TO, OF IC)  DUE TO, OF IC)  ONDITIONS CO  PD  196 CONDI  216 TIME O HOUR A.I. P.I. 21e PLACE ( (AT HOME STR VIEW the body)	PAS A CONSE  ONTRIBUTING  HOME  FINJURY  M. MONTH  M.  DF INJURY  BEIL FACTORY, OFF	DAY YEAR  19  10 DEATH BUT  11 A  11 A  12 A  13 A  14 A  15 A  16 A  17 A  18 A  19 A  19 A  10	N WAS PERFORMED  216 HOW INJURY OCCUR  211 LOCATION STREET  19 and that in (my) (our) opinion DEGREE  ATTENDING	200 AUTOPSY?  YES NO  CITYOR TO  death occurred on the do	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	GS USED OF DEATH? NO  STATE
	gove rise to imm cause (a), stating underlying couse  PART 2. OTHER SIGN  ESRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UNED OR CONTRIBUTING (IF EITHER, NOTHY MEDIC  21d. INJURY OCCURE WHILE WHILE AL WORK  22a.1 certify that (1) saw the decease above, (1) (we) (c  22b. SIGNATURE	nediate log the lost.  NIFICANT COMMITTION  DERLYING CAUSE OF DEATH CALEXAMINER)  RED  (this hospitoled olive on did) (did not)	DUE TO, OF IC)  DUE TO, OF IC)  ONDITIONS CO  PD  196 CONDI  216 TIME O HOUR A.I. P.I. 21e PLACE ( (AT HOME STR VIEW the body)	PAS A CONSE  ONTRIBUTING  HOME  FINJURY  M. MONTH  M.  DF INJURY  BEIL FACTORY, OFF	TO DEATH BUT  AIA  HICH OPERATIO  DAY YEAR  19  HICE FARM, ETC)	N WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  . 19	200 AUTOPSY?  YES NO  CITYOR TO  death occurred on the do	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR	WERE FINDING CAUSES  T I OR PART 2)  COUNTY	GS USED OF DEATH? NO  STATE
WEDICAL 23a B	GOVE rise to imm cause to storing underlying couse  PART 2. OTHER SIGN  ESRD  19a DATE OF OPERAT  21a. ACCIDENT WAS UNED OR CONTRIBUTING COURT (IF EITHER, NOTIFY MEDICAL WHITE COURT (IF EITHER, NOTIFY MEDICAL WHITE COURT (IF COURT)  WHITE COURT ACT WOOD ACT WHITE COURT (IF COURT)  27a.1 certify that (I) saw the decease above, (I) (we) (C  27b. SIGNATURE  27d PHYSICIAN'S NA  NEAL  SURIAL, CREMATION,	INFICANT CO	DUE TO, OF IC)  DUE TO, OF IC)  ONDITIONS CO  PD  196 CONDI  216 TIME O HOUR A.I. P.I. 21e PLACE ( (AT HOME STR VIEW the body)	PAS A CONSE  ONTRIBUTING  ANEM  TION FOR WH  FINJURY  M. MONTH  M. MONTH  OF INJURY  BET. FACTORY, OFF  ofter death.	DAY YEAR 19 10 DEATH BUT 11 DEATH BUT 10 DEATH BUT 10 DEATH BUT 10 DEATH BUT 10 DEATH BUT 11 DEATH BUT 10 DEATH BUT 1	N WAS PERFORMED  21c HOW INJURY OCCUR  21l LOCATION STREET  . 19	200 AUTOPSY?  YES NO MEDICAL STAIL S	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR  Onte and hour of	COUNTY  COUNTY	GS USED OF DEATH? NO  STATE
WEDICAL MEDICAL	GOVE rise to imm couse of stoffin underlying couse of stoffin underlying couse PART 2. OTHER SIGN ESRD (19a DATE OF OPERAL OR CONTRIBUTING CIFETIHER NOTIFICAL OR CONTRIBUTION CITETING CONTRIBUTION CITETING CITETING CONTRIBUTION CITETING CITETING CONTRIBUTION CITETING CONTRIBUTION CITETING CIT	INFICANT CO	DUE TO, OF TO	PAS A CONSE  ONTRIBUTING  ANEM  TION FOR WH  FINJURY  M. MONTH  M. MONTH  OF INJURY  BET. FACTORY, OFF  Ofter death.  1  1  1  1  1  1  1  1  1  1  1  1  1	DAY YEAR 19 10 DEATH BUT 19 10 DAY YEAR 19 10 DOM 10 OF 10 O	211 LOCATION STREET  210 HOW INJURY OCCUR  211 LOCATION STREET  19  19  10 d that in (my) (our) apinion DEGREE  ATTENDING PHYSICIAN [ 272e ADDRESS  FSICMC,	200 AUTOPSY?  YES NO NO NOTE:  NO NOTE:  YES NO NO NOTE:  CITY OR TO  death occurred on the do  MEDICAL STAL  DIRECTOR PHYSIC	20b IF YES, IN CERTIFY! YES RY IN ITEM 18 PAR  Oute and hour of	WERE FINDING CAUSES  THORPART 2)  COUNTY  2 1 220 DATE:	GS USED OF DEATH? NO  STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

WM.C.MARCH F/H INC.1101 E.NORTH AVENUE

JUN. 1 3 1986 Junisans

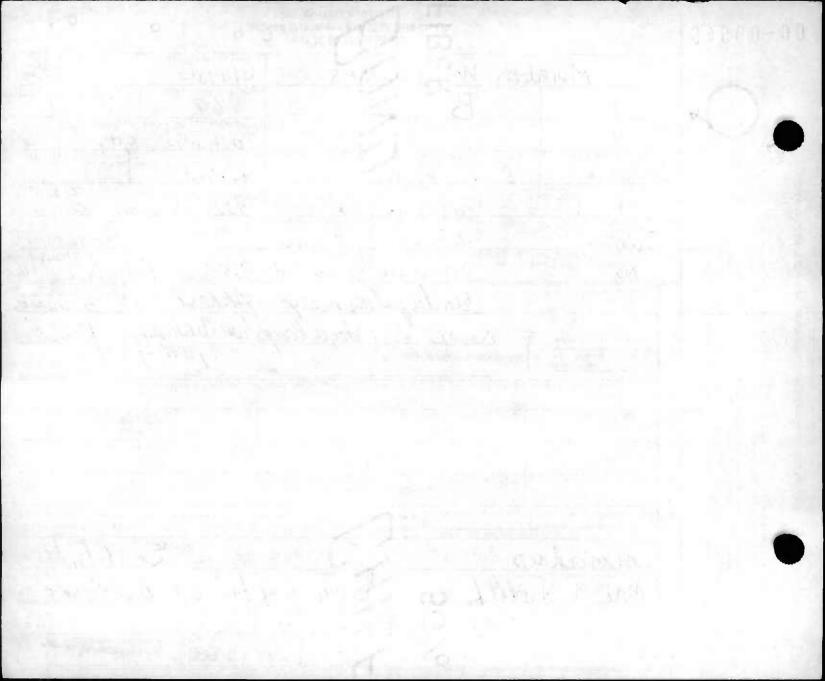
## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	6	5	5	0
				15

	1 -	FOR STATE REGISTRAR	C		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO	6 5 5	0
		CEASED NAME FIRST	eath W.	Fowl	kes		MONTH DAY YEAR	12 PM
100		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	5. DATE C	DAY YEAR 7	6. AGE (IN YEARS LAST BIRTI	YRS.	IF UNDER 24 HRS
1	10 61	O Jum Neg	11. NAME OF HOSPITAL			DAHMOR 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST, OF		MD. OF BUSINESS OR
La	13a S	AL RESIDENCE (IF NURSING HOME O STATE 13b. COUI		NCE BEFORE ADMISSION) OR TOWN HIMORE	YES NO	13. STREET ADDRESS / 5324 C	zip code ordelia	ZIZIS Avenue
C	14. FA	James James	MIDDIE W.	lliams	Bertha	MIDDLE	Pear	rut
		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (# YES, GF	RMED FORCES? 16b. SOC VE WAR OR DATES) 218	8-03-8480	Bertha Gate	s 925 Gree	n Ridge Dr	Ichmond  We Va  Whate interval  ONSET AND DEATH
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO		Stage Congre	Shor Card  Par  INAL DISEASE OR COND	HIGH JE	2015
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDING CAUSES YES	
1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	NTH DAY YEAR	216. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR		STREET	CITY OR TOV	VN COUNTY	STATE
		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE		19, or	. 19	MEDICAL STAF	te and hour and from the	that (I) (we) lost couses stated
1		MARCIA V	BROCK		Sinai Hos	ortal of	Baltin	core
		BURIAL, CREMATION, REMOVAI (SPECIEY) Burial	6/18/86	The state of the s	emetery or crematory * Memorial Park	Laure	COUNTY	MD STATE
		uneral director archmeFuneral Ho	me West 4300	^°Wabash Av	renue 30	N 16 1986	Sh. REGISTRAR'S SIGNA	URE CANAL

DHMH - 16 50M 4/83 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

T FOR STATE REGISTRAR		DEPARTMENT CE	OF HEALTH AND MENT RTIFICATE OF DEAT	AL HYGI	ENE 6 1 6	3 3	O	
I. DECEASED NAME FIR	S1 MID	DIE	LAS1		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
Dan	iel Webst	er Fra	ank		6-211-86		10:47 AN	
3. SEX	4. RACE		ATE OF BIRTH	- 10	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR		
MALE	WHIT	E	MONTH DAY Y	15	70 YR	MONTHS DAYS	HOURS MIN.	
BIRTHPLACE ISTATE OR FOREIG		HAT COUNTRY? 8.			BALTIMORE CITY OR COUN		-	
Maryland	USA		ARRIED III NEVER MARR		Baltimore (	City. M	d MD.	
HO CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	OME OR OTHER INSTITUTI	ION	12a USUAL OCCUPATION	12b. KIND (	OF BUSINESS OR	
Baltimore	St. A	acility, give street address	oital		Builder		Business	
130. STATE MD	OM OR OTHER INSTITUTION, GIVEN BALTO	RESIDENCE BEFORE ADMIS ARBUTUS	138 INSIDE CITY LE		3. STREET ADDRESS / ZIP CO		21227	
LA FATHER'S NAME	WIDDLE	LAST .	15 MOTHER'S MAI	DEN NAM	E			
Adam	MIDDLE	Frank	Cor	a	WIDDLE		arber	
160, WAS DECEASED EVER IN U		SOCIAL SECURITY		u	ADDRESS		arrer	
(YES, NO OR UNKNOWN) (IF	(ES, GIVE WAR OR DATES)	216-07-402	20 Nellie I	. Fra	ank 5218 Arbuti	ie Ava	21227	
gave rise to immedia couse (o), stating to underlying couse to PART 2 OTHER SIGNIFIC Cor. Pull	DUE TO, OR AS A CON Canditions, if any, which gave rise to immediate couse (o). stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTRIBUTION 190 DATE OF OPERATION 190 CONDITION FOR M			length	200 AUTOPSY? 206 IF	GIVEN IN PART 1.  A GREEN THE STATE OF THE S	NGS USED S OF DEATH?	
			21c. HOW INJURY	OCCURRE	YES NO P	YES 18 PART I OR PART 2)	но 🗌	
(IF EITHER NOTIFY MEDICAL EX	AMINER) P.M.  21e PLACE OF	INJURY	211 LOCATION					
NOT WHILE		FACTORY, OFFICE FARM, ET	TC) STREET	- 11	CITY OR TOWN	COUNTY	STATE	
220.1 certify that (1) (this saw the deceased all above, (1) (was called).	haspital) attended the over an the bady at			apinian de	oth occurred on the date and	haur and fram the	that (I) (we) lost e causes stated	
22b. SIGNATURE		MD	ATTEN PHYSI	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 6/26/86				
220 PHYSICIAN'S NAME Gersthblit	11-41-		3455 Wi	lkens	Avenue Suite	204		
BURIAL, CREMATION, REMISSECIFY) Burial			of CEMETERY OR CREM Shepherd Ce		Ellicott City	7 Howard	d Mastate	
14 FUNERAL DIRECTOR Hubbard Funeral	al Home, Inc	c. 4107 Wi		250 DATE	REC'D. BY REGISTRAR 256 REG	SISTRAR'S SIGNA		

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 6

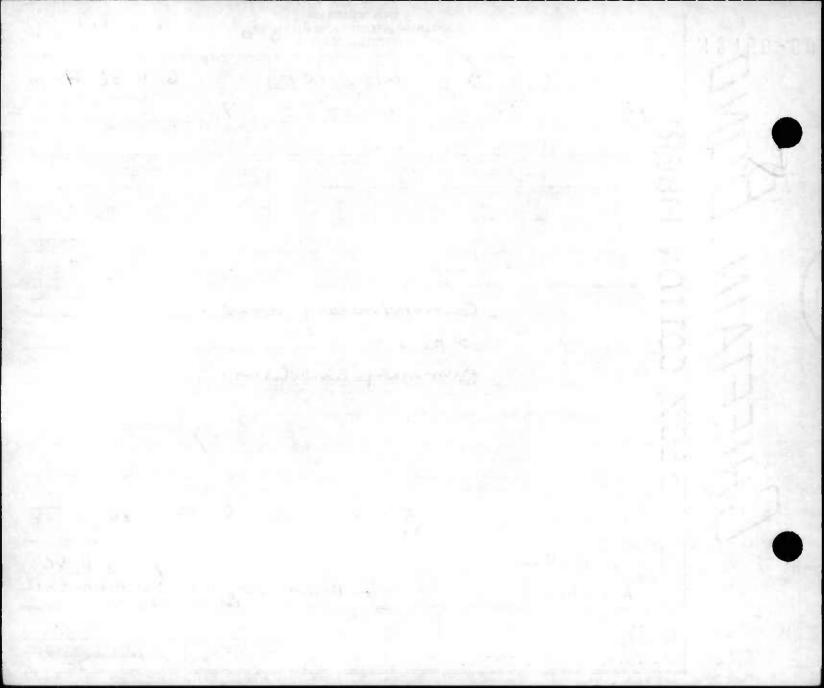
		REGISTRAR			REG. NO.							
		CEASED NAME	FIRST	W	AIDDLE		A51	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	(TYPE	OR PRINT)	110		B.	1	12.1et		6-1	1-86	19.50 M	
	3. SEX	X	1,00	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BI	RTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
. 19		F		B		MONTH		78	YRS	MONIHS DAYS	HOURS MIN.	
10		RTHPLACE (STATE OR FO	ORE IGN	TO CITIZEN OF V	WHAT COUN	TRY? B	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
0	VA			USA.		WIDOWE		BALTIMORE	CITY		MD.	
1	10 C1	ITY OR TOWN OF DEAT	TH T	II. NAME OF H	FACILITY, GIVE	STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING LI		OF BUSINESS OR	
1	13a S	AL RESIDENCE (IF MURSIN STATE ARYLAND	IGHOME OR O	OTHER INSTITUTION		BEFORE ADMISSION) TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1807 N. CA	/ ZIP CODE	E STREE	T 21213	
	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA	ME				
0	F	PATRICK	A	NDDLE	HATC	HETT	BERTHA	WIDDLE		FÊ	RGUSION	
1	16a W	VAS DECEASED EVER IF		MED FORCES?		SECURITY NO.	17. INFORMANT	ADDR			434	
	I.	10		05314	12822	EVELYN FRAZ	IER 170-32 130th AVE. JAMICA					
		IB CAUSE OF DEATH	Enter anl	y one couse per	line for (a), (l	b), and ic	7. Jan 28.			APPROX BETWEEN	ONSET AND DEATH	
		PART 1. DEATH WA		CAUSE (a)	Card	liopul	menasy a	nest.				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TO STREET S	AS A CONS	SEQUENCE OF				1 0		
		Canditions, if any,	which	DUE 10, OR	5cr	SECOPINCE OF						
11,		gove rise to imme	ediate	101		501151165.05						
	100	couse (a), stating the underlying cause lost.    Due To, OR AS A CONSEQUENCE OF Pulm on ally Comboli's m.										
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									0	
	NO					1000						
1	CERTIFICATION	190 DATE OF OPERATI	ON	196 CONDI	DITION FOR WHICH OPERATION WAS PERFORMED			206 AUTOPSY?	IN CERTIF	S, WERE FINDI		
	ERT	21g. ACCIDENT WAS UNDE	RLYING	21b. TIME OF	FINJURY		YES NO YES  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART				NO []	
9		OR CONTRIBUTING CA	AUSE OF DEAT		M. MONTH		AR					
/	MEDICAL	21d INJURY OCCURRE		P.A 21e. PLACE C		19	21f LOCATION					
- 1	ME	WHILE NOT WHILE	E 🗍			FFICE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE	
	-01	22a.1 certify that (I) (	this hospit		deceosed f	rom 5 -	18 19 86			1986.	that (I) (we) lost	
		saw the deceased obave, (1) (we) (di			ofter death	19 86 . 01	nd that in (my) (our) opinion	death occurred on the d	ate and hav	ond from the	causes stated	
		22b. SIGNATURE	1.1		arrer George		DEGREE			22c DATE	SIGNED	
		A- 0	relle	en			ATTENDING PHYSICIAN	MEDICAL STA		6-1	11-86	
1		A. Me	thew	PRINT)			Letheran	Hospital	· 73	o Ashi	beulen 1+	
		BURIAL, CREMATION, R	EMOVAL	236. DATE	1.	23t NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE	
	BU	ÄTÄL		6-19	-86	PLAIN	VIEW	HICKSVI	LLE		N.Y.	
4		JNERAL DIRECTOR		1	ADD	DECC		E REC'D BY REGISTRAR	256 REGIST	TRAR'S SIGNAT	URE COMMANDE	
	WIN	1.C.MARCH F	H IN	IC. 1101	E. NOF	RTH AVEN	UE	1 1 1 1380	Tuna	ANTON TOTAL	Marilana.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

WM.C.MARCH F/H INC. 1101 E.NORTH AVENUE

BP

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, an



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

www.com-Mandala

1.	FOR - STATE REGISTRAR		DEPA		EALTH AND MENTAL H	KGIENE REG. I	5 3	, 0		
1. DE	CEASED NAME FIRST		MIDDLE	t.	AST	20 DATE OF DEATH		YEAR 26 HC	DUR	
		RNICE	H	FREE	LAND	JUNE 28		6	:27 P	
3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST B			OFR 24 HRS	
I	FEMALE	WHITE		JÜN	E 3, 1925 YEAR	61	YRS.	DAYS HOURS	MIN.	
	IRTHPLACE (STATE OF FOREIGN	7b. CITIZEN OF	WHAT COUNT	RY? 8	D MENTED ANADOUED [	9. BALTIMORE CITY	OR COUNTY OF DE	ATH		
	MARYLAND		USA MARRIED NEVER MARRIED WIDOWED VIDEN DIVORCED			BALTIMO			MD.	
	ALTIMORE			OSPITAL, NURSING HOME OF OTHER INSTITUTION SUIT FOR THE TONES HOSPITAL			120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  SECRETARY  CLERICAL			
13a. S	MARYLAND	AE OR OTHER INSTITUTION OUNTY	BALTIN		13d. INSIDE CITY LIMITS? YES A NO []	6300 RED	ĆŹJP COP€ PLA	APT. 2120		
14 F/	ATHER'S NAME	MIDDLE	tASI_		15. MOTHER'S MAIDEN N	MIDDLE		(AST		
	REUBEN		HA	ARRIS	HA	NNAH		'LEVI	IN	
160	WAS DECEASED EVER IN U.S	(AS DECEASED EVER IN U.S. ARMED FORCES?			17 INFORMANT D	R. HOWARD S.	FREELAND			
	YES, NO OR UNKNOWN) (IF YES	S. CIVE WAR ON DATES)	216-2	20-4662	148 STEVE		CTO OT. I	21212	)	
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stofing the underlying cause lost PART 2. OTHER SIGNIFICA	DUE TO, CO.  (c)  NT CONDITIONS C	OR AS A CONSE	OUENCE OF	tie brees	A C 2  RMINAL DISEASE OR CO	20b. IF YES, WERE	FINDINGS US	GED	
E						YES TO NO	IN CERTIFYING (	AUSES OF DEA		
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	OF INJURY M. MONTH	DAY YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IN.	IURY IN ITEM 18 PART I OR	PART 7)		
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME S	OF INJURY TREET, FACTORY, OFF	ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR	OWN COI	UNTY	STATE	
	22a.1 certify that (I) (this h saw the deceased alive above, (I) (we) (did) (di	e on 6-2	8	01.	nd that in (my) (our) opinion	6 , to 6 - on death occurred on the		rom the couses	stoted	
	27b. SIGNATURE	luns			DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF	6-2 g		
	22d PHYSICIAN'S NAME (1	11 / 1/	Ams		220. ADDRESS	= 7264	600 N.	WOIF	E 5	
23a.	BURIAL, CREMATION, REMO (SPECIFY) BURIAL	6/30/8			EMETERY OR CREMATOR EW FRIENDSHI		IMORE COUN	MARY	ZĽÄND	
	UNERAL DIRECTOR SC 6010 REISTERS	DL LEVINS POWN RD.	BALTÖ BRO		22.02.5	DATE REC'D. BY REGISTRA	R 25b. REGISTRAR'S S	SIGNATURE	fide	

DHMH - 16 50M 4/83 (VRA 15, 4)

-1	136	)1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYS ICATE OF DEATH	IENE6	6 5 6	
age 3		(TYPE	CEASED NAME OR PRINT)	FIRST 2LAO	(-	MIDDLE	SIES	ON	JUNE,	29, 198	6 7:28 M.
- 4	ours ofter	3. SE	MAL	6	Black	WHAT COUNTRY?	MONTH	-25-12	6. AGE (IN YEARS LAST BIR  74  9 BALTIMORE CITY O	YRS.	DAYS HOURS MIN
5	d obence	S	RTHPLACE ISTATE OR I COUNTRY)  Carolin  ITY OR TOWN OF DEA	ıa	USA		WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED		MORE	MD.
1	1		ALTIM C AL RESIDENCE (IF NURS	ING HOME OR OTH	HRC HER INSTITUTION	H FACILITY, GIVE STREET	ADMISSION)	AND MISSING STATE OF THE STATE	Retired		STRY
> 0	d 2 Suits	M	aryland ATHER'S NAME FIRST	Balti	more	Baltimo		13d INSIDE CITY LIMITS? YES NO   15 MOTHER'S MAIDEN NA/		wood Str	eet
dwg	Poges   and		Alfred VAS DECEASED EVER YES, NO OR UNKNOWN) NO	IN U.S. ARME	D FORCES?	ieson	IRITY NO.	Mary 17 INFORMANT Essie Frie	ADDRE	Barr Edgewood	Street
s that the attending physicia	olease remove carbon popers. rial, cremotion, ar remavol. or ather traumotic event, the		18. CAUSE OF DEAT PART I. DEATH W Conditions, if any gave rise to imm cause (a), statifunderlying cause	MAS CAUSED & IMMEDIATE C which mediate ing the lost.	DUE TO, O  DUE TO, O  (b)  DUE TO, O	ACUTE R AS A CONSEQUE R AS A CONSEQUE	ENCE OF	STRUINTEST	DISEASE	JORRH AGE	PPROXIMATE INTERVAL
ine iaw require ician. te hos been sign	sit permit. Then giene prior to bu shows any injury	CERTIFICATION	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN CERTIFYING CA	INDINGS USED USES OF DEATH? NO [
attending physics for this certifical	s the buriol-tran and Mental Hy rked or Item 18	MEDICAL CE	OR CONTRIBUTING OF EITHER NOTIFY MEDI	CAUSE OF DEATH CALEXAMINER)	P. 21e PLACE	M. MONTH D.	AY YEAR 19	214 HOW INJURY OCCURE	CITY OP TO		
the hospital or L DIRECTOR: Af	toched for use a e Dept. of Healtl : If Hem 21 is mo		220.1 certify that (1) saw the deceas above, (1) (we) (1) 22b. SIGNATURE	ed alive on	6/2	19 5		DEGREE ATTENDING	depth occurred on the do	222	that (I) (we) last make couses stated
etoined by TO FUNERA	should be de with the Stot	22 (	22d. PHYSICIAN'S N.	AME (TYPE OR PE	ROF	ZINSON	TP.	22 W	1/	LUENO	E

DHMH - 16 60M 7/84 (VRA 15, 4)

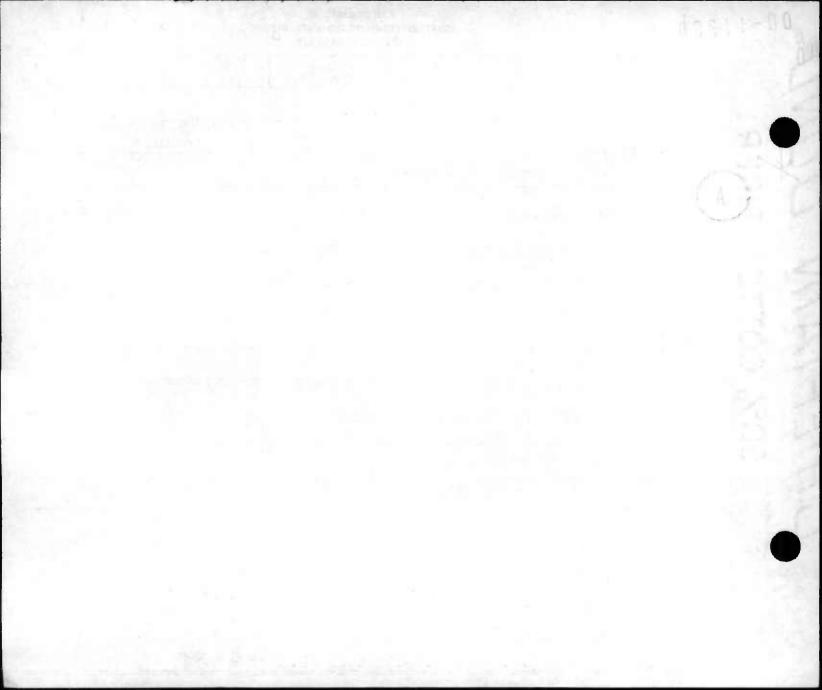
is been purposed

Burial 7-5-86 Cedar Hill Cemetery Baltimore, Maryland

24 FUNERAL DIRECTOR

Brown/Thompson F.H. 1913 \*\* Baltimore ST.\*\*

Brown/Thompson F.H. 1913 \*\* Baltimore ST.\*\*



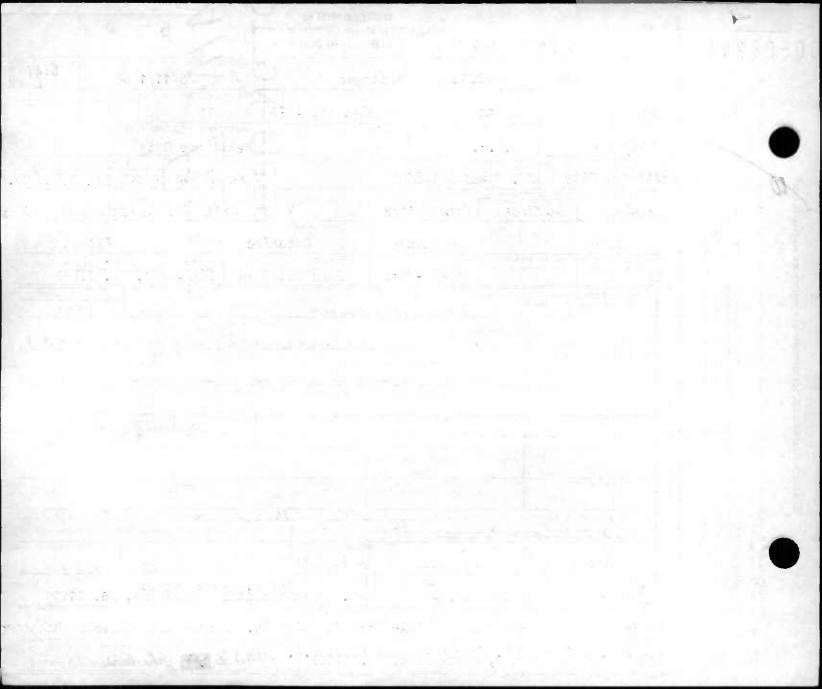
FOR

STATE OF MARYLAND DEPARTA

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AENT (	OF HE	ALTH	AND	MENTAL	HYGIENE
CER	TIF	CATE	OF	DEATH	0

6 5

		CEASED NAME FIRST		MIDDLE	LAST		MONTH DAY YEAR 26 HOUR
		Mary			Fritzges		/11/1986
ž.	3. SEX		4 RACE		DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DAYS HOURS
510	1	Female	White		ecember 73, 1913		YRS.
2		IRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY? 8	MARRIED . NEVER MARRIED		R COUNTY OF DEATH
18		Maryland	U.S.A	4.  w	VIDOWED DIVORCED	Baltimore	
40	Ball	ltimore City	St. Agr	nes Hospital		Retired Boo	12b. KIND OF BUSINES DERPEPER I CE Creat
R	13a. S		e or other institution bunty ltimore	13c. CITY OR TOWN Catonsvil	le 13d INSIDE CITY LIMITS?		Eston Park Road
13	1	ATHER'S NAME John	WIOOFE	Kerchne		ine MIDDLE	Fisher
S. Poger	10	NAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR OATES)	213-10-47		igan Balti	Harford Avenue Limore, MD. 21207
operior it		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per	r line for (a), (b), and (c)	9,9		APPROXIMATE INTERV
ewer			IATE CAUSE (a)	PULMONE	art edena		PASI
crer		gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, C	OR AS A CONSEQUENCE	CE OF		PIPAIC
Then please rer r to burial, crem injury, or other	NO	cause (a), stating the underlying couse lost.	(c)		TH BUT NOT RELATED TO THE TER		
r permit. Then please re iene prior to burial, crer tows any injury, or other	TIFICATION	cause (a), stating the underlying couse lost.	(c) IT CONDITIONS <u>C</u>	ONTRIBUTING TO DEAT			
rioi-tronsit permit. Then pleose re entol Hygiene prior to buriol, cret flem 18 shows ony injury, or other	CERTIFIC	cause (a), stating the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER, NOTIFY MEDICAL EXAMI	(c)	ONTRIBUTING TO DEAT DITION FOR WHICH OPE OF INJURY DF INJURY D.M. MONTH DAY	ERATION WAS PERFORMED  YEAR 19	MINAL DISEASE OR CONI	DITION GIVEN IN PART ITO  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES ON O
burial-transit permit. Then ple Mental Hygiene prior to burio o <u>r t</u> tem 18 shows any injury, ar	CAL	cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	(c)	ONTRIBUTING TO DEAT	ERATION WAS PERFORMED  21c. HOW INJURY OCCU YEAR 19 211 LOCATION STREET	200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO TO THE PART 1 OR PART 2)  WN COUNTY STA
d for use as the burial-transit permit. Then please re t. of Health and Mental Hygiene prior to burial, cret m 21 is marked at Item 18 shaws any injury, or other		cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that all (this ho sow the deceased drive obove, M (we) (did) (did)	(c)	ONTRIBUTING TO DEAT	ERATION WAS PERFORMED  YEAR 19 21c. HOW INJURY OCCU THE STREET 211 LOCATION STREET 19 40 40 40 40 40 40 40 40 40 40 40 40 40	MINAL DISEASE OR CONE  200 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO	DITION GIVEN IN PART I 10"  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO  RY IN ITEM 18 PART 1 OR PART 2)  WN COUNTY St.
etoched for use as the burial-transit permit. Then ple te Dept. of Health and Memial Hygiene prior to burial : If them 21 is marked a <u>c</u> tem 18 shows any injury, or	MEDICAL	Cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d INJURY OCCURRED  WMILE NOT WHILE ALWORK  ALWORK NOT WHILE ALWORK  220.1 certify that (a) (this had so we the deceased alive obove, (f) (we) (did) (did)  22b. SIGNATURE	(c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	ONTRIBUTING TO DEAT	ERATION WAS PERFORMED  YEAR 19 211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	206 AUTOPSY?  YES NO RED (ENTER NATURE OF INJUR  CITY OR TO:  , 10	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY INITEM 18 PART 1 OR PART 2)  WN COUNTY ST.  22c. DATE SIGNED  FF. LAN SO COUNTY ST.
thed for use as the burial-transit permit. Then pleiter, of Health and Mental Hygiene prior to burial them 21 is marked at them 18 shows any injury, or	MEDICAL	cause (a), stoting the underlying couse lost.  PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  22a.1 certify that all (this ho sow the deceased drive obove, M (we) (did) (did)	IT CONDITIONS CONDITIO	ONTRIBUTING TO DEAT	ERATION WAS PERFORMED  YEAR 19 211 LOCATION STREET  DEGREE  ATTENDING PHYSICIAN	MINAL DISEASE OR CONI  200 AUTOPSY?  YES NO RED  CITY OR TO  TO DIRECTOR PHYSIC  S. Caton Atoreal Ball	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO RY IN ITEM 18 PART 1 OR PART 2)  WN COUNTY S1.  22c. DATE SIGNED



TO HOSPITAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Hem 21 is morked or Item 18 shows ony injury, or other troumotic event, the

may be

STATE OF MARYLAND

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1	FOR STATE REGISTRAR			HEALTH AND MENTAL HYG FICATE OF DEATH	IENE REG. N	6 5	6 5		
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR 2	b. HOUR	
(TYP	GILB	ERT W.	FI	ROMM		6 27	86	5: 30 AM	
3. SE		4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR	- 0-1	-	F UNDER 24 HRS	
	MALE	TIHW	E 7	2 23	62	YRS	THS DAYS	HOURS MIN.	
70 B	COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8.	ED NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH		
	Maryland	U.S.A.	WIDOW		BALTIMORE	CITY		MD.	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126 KIND OF	BUSINESS OR E1h1	
	ALTIMORE	VA MEDICA	L CENTER I	BALTIMORE MD	Maintenand			Managemer	
13o N	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 13c. CIT	pence before admission) y or town timore	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 4709 Sayer	ZIP CODE	21229		
14. F.	ATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAST		
			romm, Sr.	Anna	Mar	rie		ingham	
	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDR	SS			
	ves no or unknown) (IF ves give war or dates)  ES WW II 217-16-3045 Virginia F. Fromm 4709 Sayer						Avenue	21229	
7	18 CAUSE OF DEATH (Enter of		APPROXIMA BETWEEN ON	TE INTERVAL					
		SED BY: ATE CAUSE (a) CAR		MOWARY	ARREST			MINUTE	
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A C		T NOT RELATED TO THE TERM	PANCER	DITION GIVEN	Y MOI	V145_	
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED 200 AUTOPSY? 206 IF			YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO		
	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MO		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	OR PART 2)		
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJU	RY DRY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
(	276. I certify that X (this hospital) oftended the deceosed from June 22 19.86 to June 27 19.86 that X (we) lost saw the deceased alive an June 27 19.86 on on that in (axi) (our) opinion death occurred an the date and haur and rome the couses stated above. X (we) (did) (XXXXI) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR D								
230	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION				
230	(SPECIFY)  Burial	6/30/86		Hill Cemetery	Brooklyn	Pk. A.		ryland	
	UNERAL DIRECTOR		ADDRESS	/ / / / /	REC'D. BY REGISTRAR				
Hı	ubbard Funeral	Home. Inc. 4	107 Wilker	ns Ave.	V30 1986 -	richa David	lon-han	out the	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death, ragge 4 may be retained by the hospital or attending physician. The low requires that the sentificate has been signed by the attending his remaining physician than please remove corp. Indicate the sentificate has been signed by the attending his permit. Then please remove corp. Indicate is fond 2 should be filled within 72 hours after death with the State Dept. at Health and Mental Hygiene prior to burial, crematian, are
he low requires that the death certificate be executed within 24 hours after death, rage 4 may be any be as been signed by the attending dispersion of completely filled in by the funeral director, page 3 permit. Then please remove carb in equipments from 2 should be filled within 72 hours after death one prior to burial, cremation, an expression of the prior for burial, cremation, an expression of the prior for the pri
has been signed by the attending chrysteam and completely filled in by the funeral director, page 3 permit. Then please remove corb in pages 1 fond 2 should be filed within 72 hours after death ene prior to burial, cremation, an interest of the complete of pages any injury, ar ather troumotices of the control examiner mult be painted of other
permit. Then please remove corb magnetic from a should be filed within 72 hours after death ene prior to burial, cremation, an integer of a specific symmetry injury, an after troumotic energy injury, an after troumotic energy injury, and the troumotic energy injury.
ows any injury, or other troumotices the the discolerantiner must be painfied of orca.

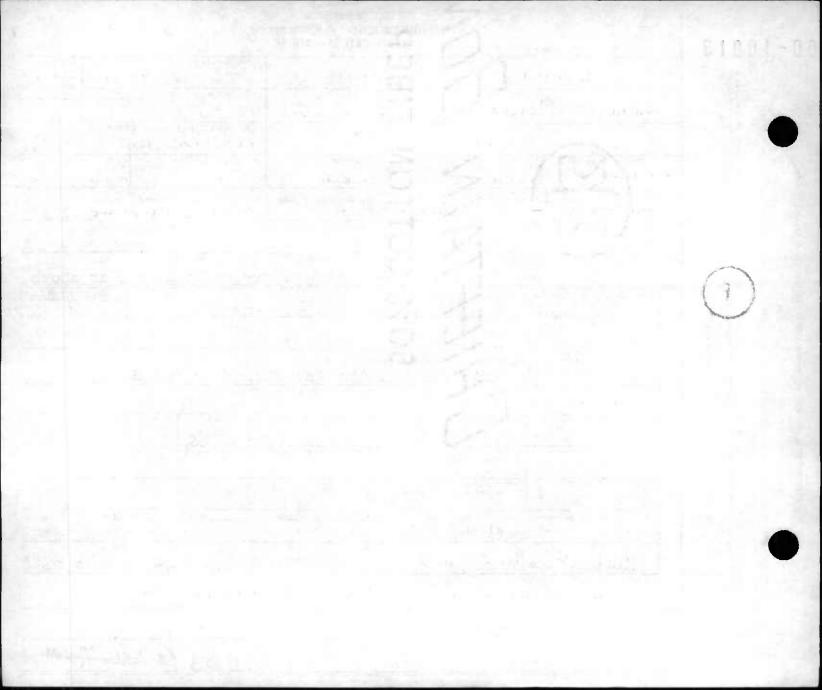
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1 0	Ned.		,

	1-	FOR STATE REGISTRAR TOTE	etta J.			EALTH AND MENTAL HYG	IENE REG. N	6 0	0 "	1	
	I. DEC	CEASED NAME FIRST	cca o.	MIDDLE	1	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	-
	(TYPE	CORPRINT) LORET	J.	J. Fey			6 18	86	516 AM		
	3. SE>	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS	
		FEMALE	CAUCAS		MONTH	is ow	දි0	YRS		HOURS MIN.	
A	C	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH		
1		laryland		*	WIDOWE	Transit and the same of the sa	BACTI MOIS			MD.	_
3		ALTIMORE		HOSPITAL, NURSIN CHEACILITY, GIVE STREET BOLT I MA	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	OF BUSINESS OR	
	EDSII/	AL RESIDENCE LIF NURSING HOME-O			16 814	OFFICIAL C	Admitti	ng l	Churc	ch Hosp	
9	13a S	STATE 196 COH	NIT	13c. CITY OR TOW	N	136 INSIDE CITY LIMITS?	13e.STPEET ADDRESS				
1		MO	The Table	BOLTIM	ONE	YES NO	3544 Eli	mley A	venue	e21213_	
	14 FA	THER'S NAME	MIDDLE	LAST	That				LAS		
-		Anthony		Nieberd.		Margaret	ADDRI		cker	t	_
	160 V	VAS DECEASED EVER IN U.S. AI YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES?	7 14 - 7 4 -		17 INFORMANT				a la como	
=					24-4744 Edmund J. Fry, husband, same as about APPENTING TO APPENTING THE NEW YORK TO APPENTING THE NEW YORK T						=
		18 CAUSE OF DEATH Enter to PART I, DEATH WAS CAUS		BETWEEN	MATE INTERVAL ONSET AND DEATH	-					
		PART I. DEATH WAS CAUSE (0) CARROOV MONDING ARROST									-
		Conditions, if any, which ( ) DESCRIPTION FOR LUCE									
П		gove rise to immediate	(b)								-
		cause ID1, stating the underlying cause last.	DUE TO, O	RAS A CONSEQUE	SWE	ARTERWSCLEROT	ic CARTIONA	el a na			
		PART 2 OTHER SIGNIFICANT			TRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PA						=
d	O	CONGESTA	12 16En	ART FAI	et follune						
7	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			OF DEATH?	-
1	RTII						YES NO YES NO				-
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.	M. MONTH DA		21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	?le. PLACE	M. 19 211 LOCATION							ma .
	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTA	STATE	
		220.1 certify that (1) (this hosp	oital) attended th	e deceased from_	44	5 19 8%	, to 6118	3	860	that (I) (we) last	-
		saw the deceased alive of above, (I) (we) (did) (did n			36,01	nd that in (my) (our) opinion o	deoth occurred on the d	ote and hour a	nd from the	couses stated	
		226. SIGNATURE	700.	)		DEGREE			22c. DATE	SIGNED	
		Minh	folled	, m.o	ATTENDING PHYSICIAN	MEDICAL STA		61	8 86		
		224. PHYSICIAN'S NAME (TYPE				22e ADDRESS					
		MICHAEL E.	collier	- , w.o.		3001 5.	HANGVER	- >1.			
		BURIAL, CREMATION, REMOVA	L 23b. DATE	23€ 1	NAME OF C	EMETERY OR CREMATORY	236 LOCATION CITY OF TOWN		OUNTY	STATE	
		Burial	6/20			awn Cem.	Baltimo		-		_
		UNERAL DIRECTOR				is Lane	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNA	RE	10
		SCHIMUNEK FU	NERAL	HOME, Ba	ilto,	Md. 21213	M Z U 1986	Julia Du	Articon -	1	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.



U	by be	deoth 7
	h. Poge 4 m	ol director, p
(	1	iled within it
-	ithin 24 au	tely filled the shooted be t
	PHYSICIAN, The law requires that the death certificate be executed within 24 aurillates cents. Page 4 may be tending physician.	this certificate has been signed by the attending physician and completely filled in the real director, page 3 he burial-transit permit. Then please remove carbonpapers Pages Load 2 should be filled within a commercial per death and Manager price to hunding resemption or commonly.
	certificate be	this certificate has been signed by the attending physician and come be burial-transit permit. Then please remove carbon papers. Pages on Abanah Husian prior to burial gramming or empron
	of the death	y the attend
	requires the	t. Then pleas
	in. The law	roose has be
CHANGE OF THE PARTY OF THE PART	PHYSICIAN: The la	this certifie burial-t

IMPORTANT: If them 21 is marked TO FUNERAL DIRECTOR: After should be detached for use as twith the State Dept. of Health a

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

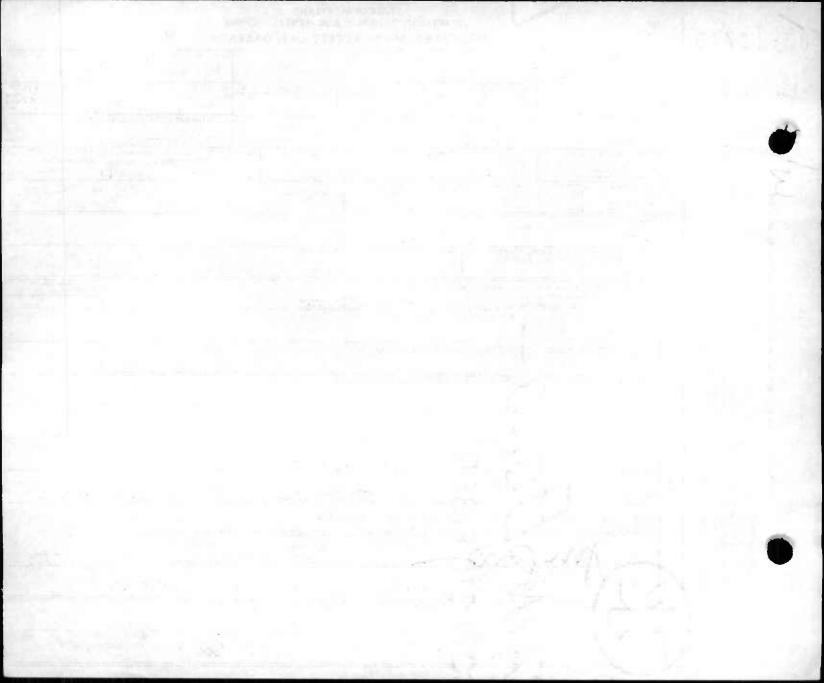
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		REGISTRAR			CERTIF	ICATE OF DE	AIN S	REG. N	10.			
1		OR PRINT	0.00	MIDDLE	t	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR	
	TITE	(ALEY)		F	FIII.	T.FP		JUNE 29	1986		7:4	5 DM I
1	3 SEX		4 RACE	13.	5. DATE C	OF BIRTH		6. AGE TIN YEARS LAST BE		MONTHS DATS	IF UNDER 24	HR5
1		male	blac	k	11	2 2	1910	7	5 YRS.	MONTHS DATS	HOURS	MIN.
-		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY	? 8	D NEVER M	ADDIED []	9 BALTIMORE CITY	OR COUNTY			
	)	Va		S A	WIDOWE	DIV	ORCED	Baltimo				MD.
5		altimore		HOSPITAL, NURSI			TUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired		126 KIND (INDUSTRY Stee	of Busines 1	SOR
)	USUA 13a. S	Md		GIVE RESIDENCE BEFO 13c. CITY OR TOV Baltimo	WN	13d INSIDE CIT	Y LIMITS?	13e STREET ADDRESS 3107 Han			1216	
1	14. FA	THER'S NAME FIRST	WIDDLE	LAST		15 MOTHER'S	MAIDEN NAM	WE		LA	AST	
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMAN	1T	ADDR	ESS			
	14	res, no grunknown) (1E YES, GI	VE WAR ON DATES)	223-20-	8517	Georgi	a Full	er 3107 Ha	nlon A			
		18 CAUSE OF DEATH (Enter o	nly one couse per	line far (a), (b), a	nd (c),1					APPRO) BETWEEN	XIMATE INTERVA	LEATH
4		PART I. DEATH WAS CAUS	TE CAUSE (a)	CARDIO	PULMO	NARY A	RREST		2	30	MINU	TES
		APPENDIX AS A STATE OF	DUE TO O	R AS A CONSEQU	JENCE OF	SEVERE	ATHE	ROSCLEROT	IC	SI	EVERA	L
4	7.1	Conditions, if ony, which						WITH ARRE		TAS	YEA	RS
		gove rise to immediate couse to, stating the	1					TUCTIVE				
		underlying cause last.		ANOMILI								
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DE ATH BUT	NOT RELATED	O THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	Ia	
	ON											
	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICE	H OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES		?
	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJ	URY OCCURR	RED (ENTER NATURE OF INJ				
1		OR CONTRIBUTING CAUSE OF DE		M. MONTH E	DAY YEAR							
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATIO	V					
	X	WHILE NOT WHILE	[AT HOME ST	HEET, FACTORY OFFICE.	FARM, ETC )	STREET		CITY OR TO	)WN	COUNTY	51A	16
		22a. I certify that (1) (his hasp	JUNE	29 19	JUNE 86.	0.8 nd that in (my)		6 , to JUNE death occurred on the c	29 late and hou	19_86	that (I) (we	
ď		above, (1) we did (did no 22b. SIGNATURE	at) view the bady	atter death.		DEGREE					ESIGNED	
		C. S. Ran	m se	\ /	D-3	) AI	TENDING HYSICIAN	MEDICAL STA	FF CIAN X			
		22d. PHYSICIAN'S NAME (TYPE		280	36.7	22e ADDRESS	CHURC	H HOSPITA	Ti CO	RPORA	TION	1.31
	17	CAROL S.	RAMSEY	ט.ט.	H 8	100 N		BROADWAY				231
		SPECIFY) DAVIS - 1				EMETERY OR C	REMATORY	23d LOCATION		COUNTY		
		Burial	7/3/8	6 G	arriso	n Fores	t Vet	Owings	Mill	S	Mâ	1
	24 FU	JNERAL DIRECTOR		ADDRESS			250 DATE	E REC'D. BY REGISTRAF				LASS:
	M	arch Funeral Ho	ome West	4300 Wa	bash A	VENUE		JUL 2 13	DO gu	ha theredo	P. C.	

DARIA WOLLLOW YO

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1								ARYLAND					,	
- 6	10770	FOR STATE						AND MENTAL			6 5	6	0	
00-	10/13	REGIS		WE		XAMINE	R'S C	ERTIFICATE			REG. NO.			
		1. DECEASE			MIDDLE			LAST	1	OF ES	WN X MC	ONTH DA	YEAR	7b. HOUR
	2845		Char	rles	ouis			Fuller		OF ES	TED [	6 2	2719 86	M
1	五百五五	3. SEX	4 RACE	5. DATE OF BIRTH	YEAR 6	. AGE (IN YEAR		DER 1 YR. IF UNDER		RONOUNCE	MO	NTH DA	Y YEAR	2d. HOUR
	SASSES /	Male	Black	5 16	1963	23 YRS	Molecu	DATS HOURS		DEAD		6 2	7 19 86	12:34 a M
Ch-	247 5	70. BIRTHPL	ACE (STATE OR	76 CITIZEN OF WE	HAT COUNT	SAS	MARRI	ED NEVER MARE	RIED X	BALTIMORE	CITY OR CO	OUNTYO	FDEATH	
-	DA85	New		U. S	. A.		WIDOW	_		Baltin	nore C	itv.		MD
	の音が思っ	IB. CITY OR	TOWN OF DEATH	11. NAME OF HOS	PITAL, NURS		OR OTH	ER INSTITUTION		AL OCCUPATI	ON (TYPE OF W	ORK 12b.	KIND OF BUS	SINESS
-	STEE STEE	Bal	timore	Clifton			niso	n St.		ost of working penter	4 4		me Imp	
2	SEN SE		DENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE BE	FORE ADMISSION	VI			ET ADDRESS				
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9	AL 53	14. FATHER	S NAME					15. MOTHER'S MAID				GHU_		
, W	E-SEE	FIR T	oseph	MIDDLE	Ful	ler		Ada		MIDDLE		M	c Lean	
AOR	20210	16a. WAS DI	CEASED EVER IN U.S. AR	MED FORCES?		AL SECURITY	NO.	17. INFORMANT		714 MÊ	DDRESS	CL.	Lean	
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2	8 2 4 4 5 V		AUSE OF DEATH (Enter or	aly one course per line				oosepii ( d)	rier	Daitill	ore, n		APPROXIMATE	INTERVAL
15	DE SERVICE SER	P		ED BY: TE CAUSE (a) GU			of t	thoray				ВІ	FTWEEN ONSET	AND DEATH
PRESTON ST	WITHIN 24 HENCIL IN ITEN MINER ALON TRANSIT PER NITAL HYGIEN OR REMOVAI		IMMEDIA			EQUENCE O		GIOLAX						
RES	E SE		Conditions, if any, which											
Α.	NAME OF STREET		gave rise to immediate ause (a) stoting the under-		AS A CONS	EQUENCE O	F							
201	DES W	1	ying cause lost.	(4)										
	D BE EXECUTE ENDING: IN MEDICAL EX AS A BURIAL ALTH AND A CREWATION	PARI 2	OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMIN	IAL DISEASE	OR CONDITION GIVEN IN P	ART 1 set					
DIVISION OF VITAL RECORDS	HOULD BE ENDING WENDING WENDING WENDING WENDING WENDING OF HEALTH													
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>	WO BE	2 ia E	XTERNAL CAUSE WAS	21b. TIME OF			21c. HC	OW INJURY OCCURR	ED LENTERN	ATURE OF INJURY H	NITEM 18 PART I	OR PART 2)	ILLS M	140
0 2	THE STANDARD THE S		ERLYING OR TRIBUTING CAUSE OF	DEATH 12+XX	6 2	27 1986		oject shot						
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>ia	THIS CER WARDED PAGE 3 S STATE DEP 21201 PR	¥ WHIL		street, FACT	ORY, FARM, ETC.	)		Eton Ave.	c Don	CITY OR TOWN	t Dal	COUNTY	Side Mr	STATE
	E, THIS CE FE, WRITI RWARDE PAGE 3 STATE DI 7, 21201 F													).
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	ME BELL	. dea	th resulted fram. Notu	irol couses 🔲,	Accident L	, Suic	ide 🔲	, Homicide X.	Undete	rmined monne	r 📋,			
	A VERTICAL DESCRIPTION OF THE PROPERTY OF THE	ACTU	AL MAA	DIN.				TITLE (SPECIFY)			D	ATE	(127	100
	SESTEN -	SIGN	ATURE	N/ N/O		-	M	D Assistan	MEDI	CAL EXAMINE	R S	IGNED	6/27/	86
	TO MEDICAL EXAMINER: 1) EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P, AT FER DEATH, WITH THE ST, BA, TIMORE, MARYLAND, 2	EXAM (TYPE	INER'S NAME P	Ann M. Dix	on, M.	D.		ADDRESS 111	Penn	St. E	Balto.N	MD.		
	5AA5AA		CREMATION, REMOVAL	23b. DATE	23c. NA	ME OF CEM		R CREMATORY	23d. LO	CATION		COUNTY	STA	ATE
	BP	( Service)	Burial	7/2/1986			emor	ial Park	5.17	В	altimo	re, M	Maryla	
	DHMH - 17	24 NHERA	PERE CORSONS FI	UNERAL HON	E, IN	С.		1 1111	REC'D. BY	DECICEDAD 1	CL DECIETDA	DIC CICAL	ATLIDE	
	(VR A15 ME (5))	2501	GWYNNS FALLS	S PKWY. BA	ALTIMO	RE, MD	. 21	216   JUI	N30	1986	ANTO PORT	WOOT TO		
	20M 4/B2													



The decision of the State of th

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 executed certificate be deoth requires that the TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician.

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DHMH - 16 60M 7/B4 (VRA 15, 4)

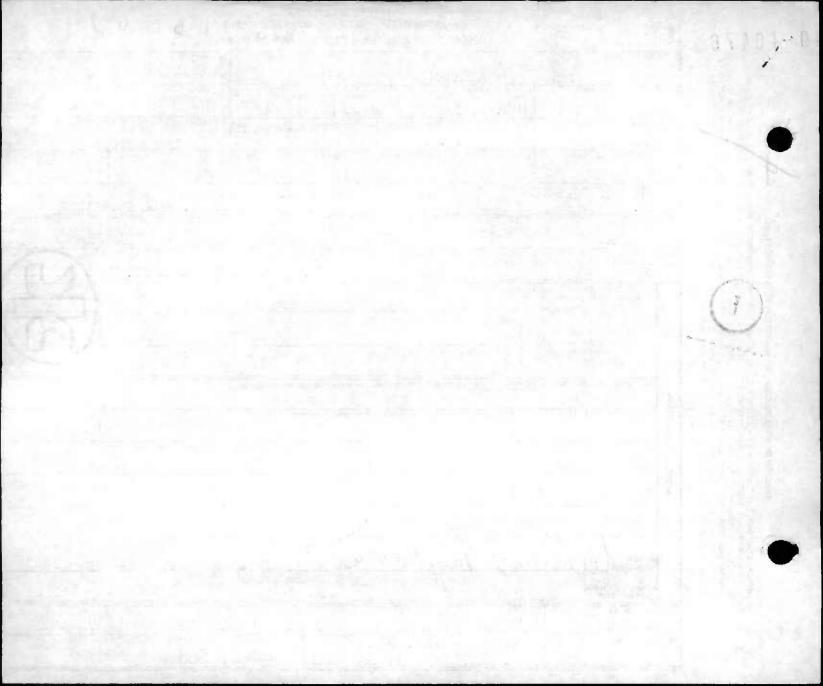
FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGICHE CERTIFICATE OF DEATH

REGISTRAR	CENTI	FICATE OF DEATH	REG. NO	O.	
I. DECEASED NAME FIRST	MIDDLE	LAST %	20 DATE OF DEATH	MONTH DAY	YEAR 25 HOUR
HION Z	-0 . E	zivers		06 08	A6 330 R
1.5EX 4 RA	CE 5. DATE	OF BIRTH	6 AGE LIN YEARS LAST BIR	THDAY) IF UNDI	ER I YEAR IF UNDER 24 H
male &	2 Jack MON	70 60	· 7	& MONTHS	DAYS HOURS M
	ITIZEN OF WHAT COUNTRY? 8.	A SUP OFF	9 BALTIMORE CITY-Q	R COUNTY OF DE	MH.
W KI SAMA	1.17 A MARRI	ED NEVER MARRIED	B 4	4. Tu	(
BUCITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HOME		12s USUAL DECWEATE	ON IN	IND OF BUSINESS
	IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)			POR POLITY	DSIB!
DUSUAL RESIDENCE IN NURSING HOME OR OTHER	INSTITUTION GIVE RESIDENCE BEFORE ADMISSION	in Hosp.	1 month	river /	unea
130 THE INCHINE	13c SOY OR TOWN	1136 INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	9
Mary and MA	Palture	YES NO	118 Le	nildd	Aue
1) FATHER'S NAME	LAST	15 MOTHER'S MAIDEN NAM	AE MIDDLE		10077
Warren	Gaines	Main	1	2	unk
160 WAS DECEASED EVER IN U.S. ARMED		II INFORMANT	ADDRE	Ball	e M92122
S O COMMONNI	23903275	Wesean	Jainers -	118 Les	all an
18 CAUSE OF DEATH (Enter only one	e couse per line for (a/(b), and (c)	11.0	7	- //	APPROXIMATE SHERY ALL BETWEEN COURT AND DEA
PART I. DEATH WAS CAUSED BY:	Acito	Reuser	along 1	acti	-0
MMEDIATE CA		100	O V		
8	DUE TO, OR AS A CONSEQUENCE OF	and al	(D) 0.	11 -	milas
Conditions, if any, which gave rise to immediate	b) Carun	comes of	( Co	3	7, - 000 36
couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		The second		
		morria			
	HTIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	NAL DISEASE OR CON	DITION GIVEN IN	PART lin
THE DATE OF OPERATION 1	pulmana	y eden	19	The or other same	E Electric and today
Mu DATE OF OPERATION	TO ADITION FOR WHICH OPERATION	WAS PERFORMED	70x AUTOPSY		E FINDINGS USED CAUSES OF DEATH?
W HILL			TES NO	YES []	NO 🗆
21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	NIB TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I OR	PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	175			
	Te PLACE OF INJURY	21f. LOCATION	CITY OR TO	wn co	DUNTY - STATE
WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE FARM ETC.)	JINEE!	(11)		
220 I certify that this haspital o	ttended the deceased from Sun	008 1986	10 Dup.	9 8 10 5	that # (We)
sow the deceased alive an	ue 08 1086	and that in ( our opinion o	leath occurred on the de	ate and hour and f	
obove (fixe) (did) (did not view	v the body ofter death.	DEGREE		12	C. DATE SIGNED.
1 Orely 1		ATTENDING _	MEDICAL STAF	F	ne hela
22d. PHYSICIAN'S NAME (Type OR PRIN	1 V	PHYSICIAN L	DIRECTOR   PHYSIC	IAN	060018
ZZG. PHYSICIAN SIVAME (TYPE OR PRIN	1 - 11.	ME ADDRESS	16 11		1
22d PHYSICIAN'S NAME (TYPE OR PRIN	m thin	1 3001 So	with Har	rover	Ba.
230 BURIAL, CREMATION, REMOVAL 231	DATE 231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	1	1 3 sille
- Bureal 6	112/86 (ed	an fill	Droople	m HA	ma
7/B4 VINERADDIRECTOR TAME TAME TO STANDARD BY CO.	112/86 (eda	av /fill 250. DATE	REC'D. BY REGISTRA	25b. REGISTRAR'S	SIGNATURE

Valuat 70 1 07 THE THE THE STATE OF THE STATE 4/2/86 Extra per to 19 AF mil product of the first of the state of the state of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 0-10476 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN X DECEASED NAME (TYPE OR PRINT) OF ESTI-**ABRAHAM** DEATH MATED 6-18 19 86 Gallico Ian 3. SEX 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS. 2c DATE 6:25 LAST BIRTHDAY) PRONOUNCED MAR. 3, 1986 DEAD 19 86 MALE WHITE 6-18 p. M 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED MARYLAND U.S.A. DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) NONE NONE Baltimore Johns Hopkins Hospital DR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA 13a. STATE 13e STREET ADDRESS SHIE OUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? MD. BALTIMORE 2621 ST. PAUL ST. 21218 YES XX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME PEARLMAN NEAL GALLICO ROBIN 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES GIVE WAR OR DATES) MR. NEAL GALLICO 2621 ST. PAUL ST. 21218 NONE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 100 19a DATE OF OPERATION E3 SHOULD BE USED DEPARTMENT OF HE DI PRIGRETO BURIAL 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC. STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE.
PAGE 4 SHOULD BE FORW.
TO FUNERAL DIRECTOR: PAGES DEATH, WITH THE STA мытару ХХ 22a I certify that I took charge of the remains described obove, held on death resulted fram Hamicide Undetermined manner Natural cause TITLE (SPECIFY) Assistant MEDICAL EXAMINER 6-19-86 EXAMINER'S NAME 111 Penn St., Balto., Md. Dennis F. Smyth, M.D. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY MARYLAND BURIAL 6/20/86 ARLINGTON CEMETERY BALTIMORE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE SOL LEVINSON & BROS., INC. **DHMH - 17** pune wirdson- handel 6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215 (VR A15 ME (5))



poge 3 deoth. Page 4 may be filled in by the funeral director. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detached for use as the busial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			CENTI	ITALE OF BEATH	REG. N	10.	7
	ECEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
(17)	PE OR PRINT)	WALTER	EDWARD	CAT	LION		06/23/86	12:05P M
3. 5	EX		RACE		OF BIRTH	6. AGE (IN YEARS LAST BE	1 1	
		181	***	MONI			MONTHS DA	AYS HOURS MIN.
200	Male BIRTHPLACE (STATE C		White CITIZEN OF WHAT COL		.16, 1904	81	OR COUNTY OF DEATH	4
	COUNTRY)		CITIZEN OF WHAT COL	MARRI	EDE NEVER MARRIED	BALTIMORE CITY	JR COUNTY OF DEATH	
	rford Co.,		USA	WIDOW				MD
10 0	CITY OR TOWN OF D	EATH 1	<ol> <li>NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIT</li> </ol>		OR OTHER INSTITUTION	12a USUAL OCCUPAT		ID OF BUSINESS OR
7	BALTIMORE	CITY	UNION MEMO		PITAL		ntainer Rai	
- USU	UAL RESIDENCE (IF NO	RSING HOME OR O		CE BEFORE ADMISSION		13e STREET ADDRESS		
	aryland	Balto		Marsh	YES NO			21162
	FATHER'S NAME	Data	MILLO	TALLSII	15. MOTHER'S MAIDEN N		CII Averiue	21102
	FIRST		DDLE	AST	FIRST	MIDDLE		LAST
4	Levin	Ole	_	allion	Anna	Chapman	Harward	
	WAS DECEASED EVE		WAR OR DATES	AL SECURITY NO.	17 INFORMANT	ADDR	Marsh.	Md. 2116
	no		<del></del> 705-0	7-5141	Mrs Mary A.	Gallion, 11		
			one cause per line for tal.	(b), and ic			APP BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DEATH		BY: CAUSE (0) RES	PIR ATOI	CY FAILURE			5 min
		MMEDIAIL			1			
1	100		DUE TO, OR AS A COM		4.			1 month
	Conditions, if or gave rise to ii		(b) PNE	EumoNI	AT			
	cause 101, sta	ting the	DUE TO, OR AS A CON	NSEQUENCE OF			200	
	underlying cau	se last.	( 10)					
1.	PART 2 OTHER SI	GNIFICANT	ONDITIONS CONTRIBUTION	VG TO DEATH BU	T NOT RELATED TO THE TER			
Õ		urina	ry react in	fection	Prolonge	d Debilite	ating Iun	1088
3	190 DATE OF OPER	ATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN	
E						YES T NOT	IN CERTIFYING CAUS	NO [
CERTIFICATION	210. ACCIDENT WAS L	INDERLYING	216. TIME OF INJURY	1000	21c HOW INJURY OCCU			
	OR CONTRIBUTING							
10	(IF EITHER NOTIFY ME		P.M.	19	AN LOCATION			
MEDICAL	21d. INJURY OCCU		218. PLACE OF INJURY (AT HOME STREET, FACTORY,	OFFICE, FARM, ETC )	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
-	AT WORK AT V	WHILE U						
			il) attended the deceosed	7	19 8	6 to 6/2	3 19 86	_, that (I) (we) los
	sow the dece	ased alive on_	view the bady alter death	_19_16, c	and that in (my (aur) apinio	n death accurred on the o	date and haur and fram	the causes stated
	226. SIGNATURE	(alay(ala nar)	view the bady after death		DEGREE		122¢ D/	ATE SIGNED
	h	10 - 1-	em rues	_	MID ATTENDING	MEDICAL STA		1-2/20
-	22d. PHYSICIAN'S	LAME HUNG OF	em men		PHYSICIAN  22e ADDRESS	DIRECTOR PHYSI	CIANIA	120106
/					ME ADDRESS			
	Elean	ore M.	Ebert		UNION MEM	ORIAL HOSPI	TAL	
23a	BURIAL, CREMATION	, REMOVAL	23b. DATE		CEMETERY OR CREMATORY		COUNTY	
	(SPECIFY) Burial		T 06 100	Gardene	of Faithery	Baltimo		Md.
24 1	FUNERAL DIRECTOR		June 26, 198	6 miles	250. DA	ATE REC'D. BY REGISTRAL	RISH PEGISTPAP'S SIGN	NATURE
LI	NAME V NAME	laCama a	TTT Abina	DDRESS	0.00	N:0 = 4000	was Davidson	- Missister
n	OWALU K. IV	Lunas	III, Abingd	on, Ma.	21009   <b>JU</b>	MAS BOD	A second	

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME A POPULE 2a DATE OF DEATH 26 HOUR LIYPE OR PRIN George Geiger 2886 4 RACE 5 DATE OF BIR. .. IF UNDER ! YEAR Male YEAR 02 Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH MARRIED ALEYER MARRIED COUNTMARYLand WIDOWED MAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Consultant Blectrical 13e STREET ADDRESS / ZIP CODE CITY OR TOWN 13d INSIDE CITY LIMITS? rior 101 N. Bond Street 21231 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Simma Charles Geiger Mamie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 089-12-0547 Mrs. Joan Karolkowski 317 Elrino Street 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF arhination Canditians, if any, which gave rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF I evalered wealiner ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF FITHER NOTIFY MEDICAL EXAMINERS 211. LOCATION 21e. PLACE OF INJURY CITY OF TOWN STATE arked AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this bospital) attended the deceased fram, saw the deceased plive an June and that in (my) (an) apinion death occurred on the date and have and from the causes stated above, (1) (wer (did (did nat) view the body ofter death 27h SIGNATURE DEGREE 22c DATE SIGNED 6.28.86 PHYSICIAN P DIRECTOR PHYSICIAN PORTANT ld be 100 N. BROND WAY NAHULI 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY Burial June 30,1986 Baltimore Parkwood Md.

JUN 30 1986 June June 1986

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

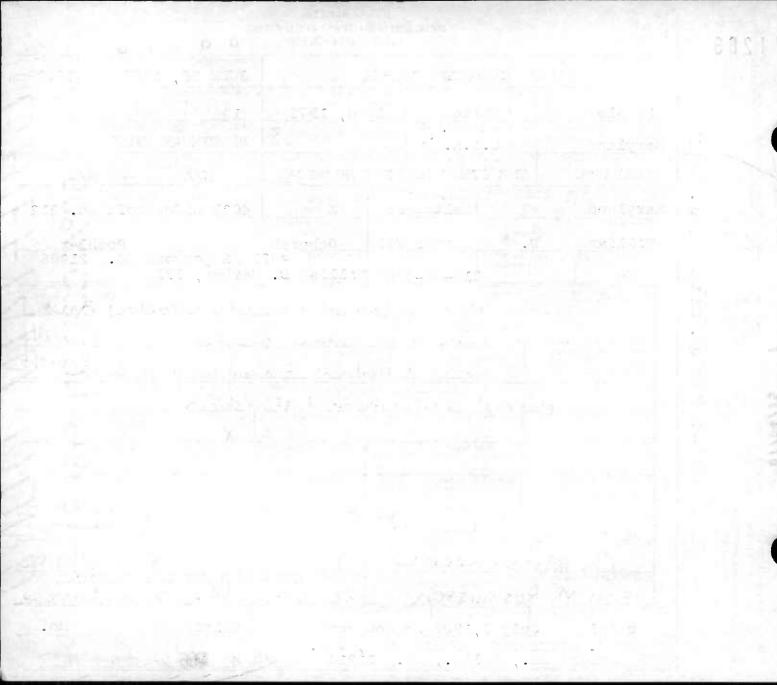
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TO DECEASE NAME    DOCUMENT   COMMINITY	0 -	08858	1	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYL EALTH AND ICATE OF	MENTAL HY	8 0	5. NO.	1 6	5	7 4
Section   Sect				OR PRINTI				_ •			20 DATE OF DEAT	H MONTH	-	1	HOUR
Female    Black   2   3   12   74   78   78   78   78   78   78   78		oy h	2 55		-		0				A AGE /INVEARSIAS	T RIPTHDAY)			FUNDER 24 HRS
SE DIRTHERACE (STATE GROUND OF DEATH   IN ADME OF HOSPITAL, NURSING HOME OR OFFICE   BALTIMORE CITY OR COUNTY OF DEATH   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   BALTIMORE CITY OR COUNTY OF DEATH   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   BALTIMORE CITY OR COUNTY OF DEATH   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   BALTIMORE CITY OR COUNTY OF DEATH   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   IN ADMINISTRY   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   IN ADMINISTRY   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   IN ADMINISTRY   IN ADME OF HOSPITAL NURSING HOME OR OFFICE   IN ADMINISTRY   IN ADME OF HOSPITAL NURSING HOME ADMINISTRY   IN ADMINISTRY		ector, presofter	3. 36		N. A.		ack		DAY	12		4	MONTHS		HOURS MIN.
BALTTMORE		4 12 M	7o. B	COUNTRY	REIGN ]					_				тн	
BALITIMORE   INFO INSUCH LICENT, ONE STREET ADDRESS   CITY LIMITS?   ISASTREET ADDRESS / ZIP CODE 2023 Cecil Avenue 2121.    SULAL RESIDENCE IF HOURS NO HOUND CONTREME MINITUDO COM BENDERLY HOURS AND CONTRIBUTION COMBINED HOURS AND CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND MONTH OF THE MINITUDO COMBINED HOURS AND CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO MAKE AND CONTRIBUTION TO THE LATED TO THE TERMINAL DISEASE OR		8 11/1	10/1								BALTIM	ORE CI	TY	20.0141	MD MD
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22d Physician's NAME (Type or PRINT)  ROBERT H. BROWN MD  22e ADDRESS  27e ADDRESS  ROBERT H. BROWN MD		HOSPIT ned by lid be d the Str													
ROBERT H. BROWN MD 201 W. UNIVERSITY PARKWAY		MAP With P	22-				120	LAME OF T				RKWAY			

23¢ NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. ℃. March F/H 1101 E. North Avenue

6/9/86

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

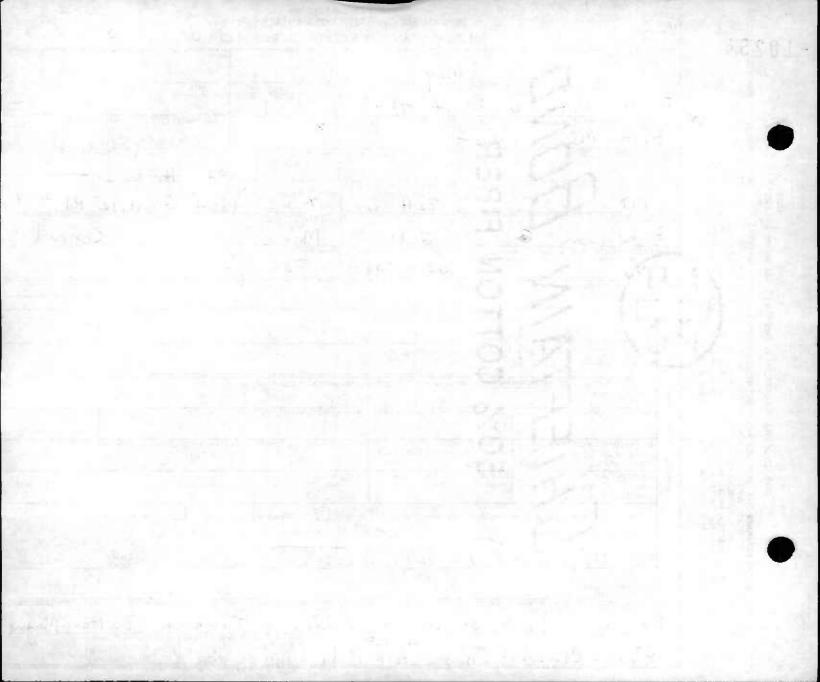
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ON 220 PIR	-	emale White	6 20		S.		DEAD	0-18 1986	p.
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ELAY IS NECESS TO THE FUNERA PAGE 5 FOR THE FILE WITH	10 CI	TY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER	INSTITUTION 120	USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	PE OF WORK 128 KIND OF BUSIN OR INDUSTRY	NESS
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MURS B. G. WITI DIV		18 CAUSE OF DEATH (Enter only	ane cause per lin	e far (a), (b), and (c).)	4814			APPROXIMATE INT	TERVAL
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TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEP BATTIMORE, MARYLAND, 21201 PR	100	220. I certify that I taak charge	af the remains/de	escribed abave, held an	Autapsy	, Inspection	, Inquiry XX, a	nd in my apınıan	1
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5 X 4 5 A A		URIAL, CREMATION, REMOVAL 23		23c. NAME OF CEM	ETERY OR C	REMATORY 23	d. LOCATION	- COUNTY	^
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	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BATTIMORE, M		(TYPE OR PRIN	41)					ADDRESS_					
	E05549	23e.Bl		ION, REMOVAL 236			NAME OF CEM				LOCATION	COU	INTY	STATE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the depth certificate by executed within 24 hours offer death retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been ugined by the attending physician and completely filled in by the funers should be detached for use as the buriol-transit permit. Then please the property of the other of Should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, created to be considered.	IMPORTANT. If them 21 is marked on them 18 shows on many profiled of or
	TO HOSPITAL OR All retained by the hospi	TO FUNERAL DIRECTOR Should be detached with the State Dept.	IMPORTANT. If Item

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oy be Coge 3 44 death	(TYPE		Flwood Middle	GISCHEL	26 DATE OF DEATH MONTH	12 86 12 42
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aral direction of the state of	₹o. BI	RTHPLACE ISTATE OF FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	
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OR ATTENDI e hospital ar DIRECTOR: A ached for use Dept. of Heal		sow the deceased alive a	oital) attended the deceased from  n 19 19 101) view the body after death.	86 , and that in (my) (aur) apinia	n death accurred on the date and have	19 56, that (h (we)) or and from the causes stated  12c. DATE SIGNED
TO HOSPITAL OF TO FUNERAL DI should be detoch with the Store De MADORTANT: ##		22d PHYSICIAN'S NAME (TYPE		22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	06-12-8
TO HO To Fu should with th	23a E	SUDHIR ,		NAME OF CEMETERY OR CREMATORY		
BP		Burial	6/16/1986	len Haven Mem. I	A II K	A.Co.Md
DHMH - 16 60M 7/84	24 FL	UNERAL DIRECTOR	Balto.Md.2	1230 P	ATE REC'D. BY REGISTRAR 256. REGIS	andon-Rondall

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6	1	6	5
9	REG. NO.			

5	-	STATE REGISTRAR		CERTIF	ICATE OF DEATH	B C REG. NO.	100,
~	1 DEC	CEASED NAME FIRST	MIDDLE	t.	AST	20 DATE OF DEATH MONTH	H DAY YEAR 26 HOU
	(TYPE	OR PRINT)	I. redte	G	bul	06	20 86 3:1
77	3. SE)		4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER
= ,		F	(and)	MONTH		56	MONTHS DAYS HOURS
1/2	7a. B11	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO		CX	9 BALTIMORE CITY OR CO	
0	5	Sphild men	DSA	WIDOWE		Palton no t	di
7/	10. CI	TY OR TOWN OF DEATH BURGHOUT	11. NAME OF HOSPITAL,	NURSING HOME C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND OF BUSINE
25	USUA 13a. S	AL RESIDENCE LIE NURSING HOME O	NTY BECTY	NCE BEFORE ADMISSION) OR TOWN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE 2 213
m.	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	A
50	1	Charles	WIDDIE	LOCC	Drucilla	MIDDLE	XXXXXXXXXXX
	16a W	VAS DECEASED EVER IN U.S. AI	RMED FORCES? 166. SOCI	IAL SECURITY NO.	17 INFORMANT	ADDRESS	Edgewoodd
5		res, no or unknown) (IF yes, GI	VE WAR OR DATES)	320187	Vickie Dento	on 309 Laburnur	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS					APPROXIMATE INTER
		Conditions, if any, which gave rise to immediate cause (a), stating the	TE CAUSE (a) CONO DUE TO, OR AS A CO (b) CANO DUE TO, OR AS A CO	DINSEQUENCE OF	sh,		
	TION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b) CLAR  (b) CLAR  (c) CONTRIBUTIONS CONTRIBUTIONS	ONSEQUENCE OF ONSEQUENCE OF	NOT RELATED TO THE TERM		
7	TIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR AS A CO  (b) CANA  DUE TO, OR AS A CO  (c)  CONDITIONS CONTRIBUTION  196 CONDITION FOR	ONSEQUENCE OF ONSEQUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	N GIVEN IN PART 110  IF YES, WERE FINDINGS USET CERTIFYING CAUSES OF DEAT YES \( \sum \) NO \( \sum \)
12	CAL CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CO  (b) CONDITIONS  CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	ONSEQUENCE OF ONSEQUENCE OF ING TO DEATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \( \) NO \( \bar{\rho}\)
12		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CAUSE OF DE	DUE TO, OR AS A CO  (b) CONDITIONS  CONDITIONS CONTRIBUTION  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON	ONSEQUENCE OF ON	NOT RELATED TO THE TERM	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES \( \) NO \( \bar{\rho}\)
12	A	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING CACONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	DUE TO, OR AS A CO (b) CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS ATH HOUR A.M. MON (AT HOME STREET, FACTOR)	ONSEQUENCE OF  ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATIO  OTH DAY YEAR  19  Y Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!	200 AUTOPSY? 206. YES NO RED (ENTER NATURE OF INJURY IN IT	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO P EM 18 PART LOR PART 2)
12	A	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TWORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased office of sow the deceased office of sow the deceased office of sow the deceased of the office of the cause of th	DUE TO, OR AS A CO  (b) CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS ATH  ATH  ATH  P.M.  21b. TIME OF INJURY HOUR A.M. MON P.M.  21c. PLACE OF INJURY (AT HOME STREET, FACTORY)  Ontol) ottended the deceased	ONSEQUENCE OF  ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATIO  OTH DAY YEAR  19  Y, OFFICE, FARM, ETC.)	NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCUR!  211. LOCATION STREET	200 AUTOPSY? 206. IN C	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO FEM 18 PART 1 OR PART 2)
2	A	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE TWORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased office of sow the deceased office of sow the deceased office of sow the deceased of the office of the cause of th	DUE TO, OR AS A CO (b) CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS ATH HOUR A.M. MON (AT HOME STREET, FACTOR) (at HOME STREET, FACTOR) (at of the deceased	ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATIO  NTH DAY YEAR  19  Y Y, OFFICE, FARM, ETC.)  d from  19  th.	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  And that in (my) (our) opinion  DEGREE  ATTENDING	200 AUTOPSY? 206. IN C YES NO RED LENTER NATURE OF INJURY IN ITI	IF YES, WERE FINDINGS USEI CERTIFYING CAUSES OF DEAT YES NO EM 18 PART 1 OR PART 2)  COUNTY S  COUNTY S  Ad hour and from the causes sta
2	A	Conditions, if any, which gove rise to immediate cause 10.) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING CAUSE OF DE CONTRIBUTING CAUSE OF DE CIPETRE NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE AT WORK NOT WHILE AT WORK  22a.1 certify that (1) (this hosp saw the deceased alive an above, (1) (we) (did) (did an above, (1)) (we) (did) (did and above, (1)) (we) (did) (did an above, (1)) (w	DUE TO, OR AS A CO  (b) CONDITIONS CONTRIBUTE  196 CONDITION FOR  216. TIME OF INJURY HOUR A.M. MON P.M.  216. PLACE OF INJURY (AT HOME STREET, FACTORY  out of the body after deat	ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATIO  NTH DAY YEAR  19  Y Y, OFFICE, FARM, ETC.)  d from  19  th.	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  And that in (my) (our) opinion  DEGREE  ATTENDING	700 AUTOPSY? 206. YES NO 10 IN C YES	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO PERMIT OR PART 2)  COUNTY S  COUNTY S  And hour and from the causes steel the course steel the causes steel the caus
2	WEDICAL MEDICAL	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK AT	DUE TO, OR AS A CO (b)	ONSEQUENCE OF  ING TO DEATH BUT  R WHICH OPERATIO  WITH DAY YEAR  19  Y, OFFICE, FARM, ETC.)  d from 19  or 19	NOT RELATED TO THE TERM  N WAS PERFORMED  211. HOW INJURY OCCUR  211. LOCATION STREET  19  Ad that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN	200 AUTOPSY? 206.  YES NO   IN C  YES NO   IN C  CITY OR TOWN  CITY OR TOWN  death accurred on the date an  MEDICAL   STAFF  DIRECTOR   PHYSICIAN	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEAT YES NO PERMIT OR PART 2)  COUNTY S  COUNTY S  And hour and from the causes steel the course steel the causes steel the caus

DHMH - 16 60M 7/ (VRA 15, 4)

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		law requires that the death certificate be executed within 24 hours after death. Page 4 may be	retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in this framen and the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be 1 members that death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.	IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examinee must be activated as one

BP.

DHMH - 16 60M 7/B (VRA 15, 4)

STATE OF MARYLAND FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2 6	-	6		12
REG. NO.	1	U	4.0	0

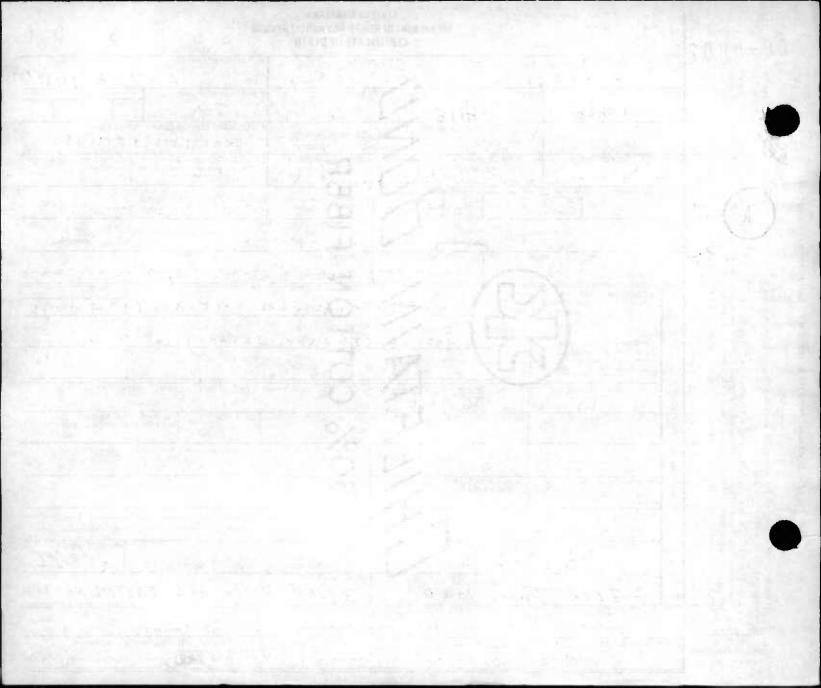
		CEASED NAME FIRST OR PRINT)	M	IDDLE	- L	AST		20 DATE OF DEATH	MONTH DA	AY YEAR	2b. HOUR
	LITPE	John			Glad	dney			6 15	- 86	11 A M
	3 SEX	(	4 RACE		5 DATE C			6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	HUNDER 24 HRS
		male	Black		Mg12	12	1912	73	YRS	JAIN JAIN	MIN.
1		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF V	VHAT COUNTE	RY? B	NEVER MA	* DD15 D	9 BALTIMORE CITY C		OF DEATH	
		S. C.	IISA		WIDOWE		ORCED	Baltimore	city		MD.
-	10 CT		11. NAME OF H		SING HOME C	R OTHER INSTIT		12a USUAL OCCUPAT		126 KIND O	E BUSINESS OR
		altimore			nt Str	eet		Retired	F WORKING LIFE	Sparro	w Point
F	13a S	AL RESIDENCE (IF NURSING HOME OR IT ATE		Baltime	OWN	13d. INSIDE CIT	Y LIMITS?	13e.STREET ADDRESS . 48 N. E11	zip code amont	St 212	29
		THER'S NAME	AIDD4E	1467		15 MOTHER'S		ΛE			
	- 1	Neal FIRST	VIDDEE	Gladn	ey	Pa	tsy	WIDDLE		IAS;	T
		VAS DECEASED EVER IN U.S. ARA		166 SOCIAL SE	CURITY NO.	17. INFORMAN	IT	ADDRE	ESS		
	()	(IF YES, GIVE	WAR OR DATES)	244-10	-9988	Lovele	an Glad	dney 48 N.	Ellamo	nt Str	eet
		18 CAUSE OF DEATH Enter onl	v one couse per	ine for in 1 (b)	andici	1					MATE INTERVAL
		PART I. DEATH WAS CAUSED	BY:	/	ma	al lin	nh			BETWEEN	ZNOCT AND DEATH
		IMMEDIAT									
		Conditions, if any, which		1.8							
	43	gave rise to immediate									
		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF									
	-	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTPRUTING 1	O DEATH BUT	NOT RELATED T	O THE TERMI	NAI DISEASE OR CON	DITION GIVE	N IN PART 1	
	Z	TAKE OTTEK STOTAL CANT C	011011101110 <u>CO</u>	TATRIBOTING !	O DENIII OO	NOT KEERIED I	O THE TERM	THE DISEASE ON COIL	DINOR ONE	THE STATE OF THE	
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDIT	ION FOR WH	CH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	4GS USED
40	IFIC							YEST NOT	IN CERTIFY YES	ING CAUSES	OF DEATH?
1	ERT	216. ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY		Zic HOW INJ	URY OCCURR	ED (ENTER NATURE OF INJU			
4		OR CONTRIBUTING CAUSE OF DEA	10	A. MONTH							
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.A		19	211 LOCATION	V				
	ME			ET, FACTORY, OFFI	CE FARM ETC )	STREET		CITY OR TO	WN	COUNTY	STATE
		WHILE NOT WHILE AT WORK			1-	/	8	1 1	_	25	
		22a. I certify that (I) (this hospit sow the deceased alive ap-	ol) offended the	deceosed		debat in (mil) (s	, 1925	, to		9_000,	that (I) (me) last
		above, (I) (wer (and all not	view the body	ofter death.			оринон а	leath occurred on the d	are ond nour		
	133	276. SIGNATORE	role		1.0	DE GREE	TENDING L	MEDICAL _ STA	EE	22c. DATE	SIGNED
		1111/01	7		MI	PI		DIRECTOR PHYSIC		19/1	5/050
		226 PHYSICIAN'S NAME (TYPE OF	PRINT			22e. ADDRESS	n /	1	1	,	20-
		PAUL COO	ama	zy.		900	CAN	on Mis	(8)	70 /	1/10
		BURIAL, CREMATION, REMOVAL	236 DATE	2	I NAME OF C	n Cemete	REMATORY	23d LOCATION		COUNTY	WALL
	L '	SPECIFY) Burial	6/20/	80	NOUGIAW	ii cemete	er y	Balltimor	е	ŏĎ	Md
		INERAL DIRECTOR		ADDRES	ik		25a. DATE	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNAT	URE
	Ma	rch~Funeral Hom	e West	1300 Wa	bash Av	enue	1111	1 1 8 1000	1. 1. K.	indama_li	andelle .

	The May be	rol director, page 3	phoel
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 mays offer death. The may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and formulation likes in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then places remove carbon papers. Pages 1 and should be filled within 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical
	5 e	5 4 3	2

BP\_ DHMH - 16 60M (VRA 15, 4)

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		Film G616	item	14, 15		STATI	OF MARYLAND				
	1-	FOR 5/13/8	6 rja		DEPARTA		EALTH AND MENTAL HYG	IENE 8 6	1	6 5	8
02	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N			
0 2		OR PRINT) AL	an	der "	P.	Glo		20 DATE OF DEATH	MONTH DAY	YEAR	76 HOUR
				DER	1	GT	DDER		6 7	86	11:58 M
	3 SE)	X		RACE	/11 -	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY] IF UI	NDER I YEAR	IF UNDER 24 HRS
- 6		MALE		u	HITE	2	16 12	14	YRS.		
DE		RTHPLACE (STATE OR FOR	REIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	P - 100	DEATH	PG /
		Md.	12.5	U.S.		WIDOWE	D DIVORCED	BALT	MOR	0	MD.
0	10 CI	TY OR LOWN OF DEATH	Н		OSPITAL, NURSIN		PROTHER INSTITUTION	170. USUAL OCCUPAT		176. KIND O	F BUSINESS OR
	I	BALTIMORE		Goras	amarita	n K	forpital	Baker			Bakery
4		AL RESIDENCE (IF NURSING	G HOME OR G		GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE		
		Md.			Baltim		YES X NO	3906 El	mora A	ve.	21213
100	14 FA	THER'S NAME		NDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAS1	
3		Joseph	GLOD		ebron		Magdel		SA		Maj
0		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	SS		
ae d	(,	VES, NO OR UNKNOWN)		WAR OR DATES)	212-07	-931	Gertrude	Glodek (w	ife) s	ame a	address
E E		18. CAUSE OF DEATH	(Enter only	y one couse per						APPROXI	MATE INTERVAL
Ven V	. 22	PART I. DEATH WA	SCAUSED	BY: CAUSE (0)			J-VASCULA	R seei	TUSE	4	days
9		The state of the s	MEDIATE		R AS A CONSEQUE	NICE OF					
9		Canditions, if any,	which	( th)	MASS		CEREBRAL	INFARCT	FON	4	days
0		gove rise to imme	diote	DUE TO O	R AS A CONSEQUE						1
or or		underlying couse	lost.	1c)	RAS A CONSEQUE	INCE OF					
, v		PART 2. OTHER SIGNI	FICANTO		NTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	N PART 100	31
ol u	NO O	D	ale	etio (	melli	fun.					
No.	S I	19a DATE OF OPERATIO	NC	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY2	20b. IF YES, WI		
7	CERTIFICAT							YES NO	YES [		NO 🗆
200	<b>B</b>	710 ACCIDENT WAS UNDER		216. TIME OF		AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART :	OR PART 2)	
E J	3	OR CONTRIBUTING CA		P.A		19	64.3°				
0	MEDICAL	214 INJURY OCCURRE	D	21e PLACE C	OF INJURY	ABM EIC I	211 LOCATION	CITY OF TO	)WN	COUNTY	STATE
a k	>	AT WORK NOT WHILE		(ATTIONE STA	er, racioni, orrice i	AKM, ETC )					
E	- 4	220   certify that (1) (t	his hospit	ol) attended the	e deceased from_		, 19	, to	, 19_		that (1) (we) lost
7	10	sow the deceased above, (1) (we) (dia	olive on	view the hody	ofter death	, or	nd that in (my) (our) opinion o	death accurred on the d	ate and hour on	d from the	couses stated
E		776. SIGNATURE	0	1 1	()		DEGREE			22t DATE	SIGNED
=	16		tis	A	mi		ATTENDING PHYSICIAN	MEDICAL STA		6/	8/81
Z T		22d PHYSICIAN'S NAM	T PE OF	PRINT)			22e ADDRESS	/ /			20 2
POK A		FELIY	( /	Tan,	M.D.		3800 EK)	DMAN AV	E. BAL	TIMU	RE, MD
<u> </u>		BURIAL, CREMATION, RI	EMOVAL	73b. DATE	73c t	NAME OF C	EMETERY OR CREMATORY	73d LOCATION			
	1	Burial		6/11/	'86 St	. St	anislaus	Balti		YTAUC	Md -
7/84	24 Ft	UNERALS CHIEMU	nek					E REC'D. BY REGISTRAR		SSIGNAT	
704		3331 Br	ehms	Lane,	Balto.	Md.	21213	JUNI TO 198	6 yours	MA BOW	-ifundam
										_	



VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	

etely filled in by the funeral director, page 3 12 spould befilled within 72 hours ofter death tuted within 24 hours after death. Page 4 may be TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death tiertiferoned by the hospital or attending physician. injury, or other troumatic TO FUNERAL DIRECTOR. After this certificate has been signed by the ottendi should be detached for use as the burial-transit permit. Then please remove conwith the State Dept of Health and Mental Hygiene prior to burial, cremation, or IMPORTANT: If them 21 is marked as them 28 shows ony injury, or other troumats. DIVISION OF

00-094

	STATE OF MARYLAND
FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	1	6	.5	8	2
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	CEASED NAME	FIRST	M	AIDDLE		AST		20. DATE OF DEATH	MONTH DA	YE AR	26. HOUR PM
		Roy	Ly	mn	Go	ad	31.00	JUNE 11.	1986		7.274
3. SE	X	SEATING TO SERVICE SER	4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIR	IHDAY)	FUNDER 1 YEAR	# UNDER 24 HRS HOURS MIN.
Ma	ale		White		9	3 19:		71	YRS	JANIS DAIS	MIN.
	RTHPLACE (STATE	E OR FOREIGN	76 CITIZEN OF V	WHAT COUNTRY?	8.	NEVER MARRIED		9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
N.	irginia		U.S.A.	EXECUTE OF	WIDOWE			Baltim	ore Ci	ty	MD.
10 CI	TY OR TOWN OF	DEATH		OSPITAL, NURSING		OR OTHER INSTITUTION	7	120 USUAL OCCUPATE			OF BUSINESS OR
Ba	altimore			Hospital				Police Off			ows Point
	AL RESIDENCE (#	NURSING HOME O		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMI	TS? 1	13e STREET ADDRESS	ZIP CODE		
Ma	aryland		imore	Dundalk		YES NO X		1609 Lesli			21222
14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDE	NNAA	WIDDIE.		ŁAS	
W:	illiam		D.	Goad	Carry II	Mandia	a	C.			mer
	VAS DECEASED E		RMED FORCES?	166 SOCIAL SECUR	RITY NO.	17 INFORMANT		ADDRE	SS		
	es, no or onknown		1936	214-05-1	L624	Iris B.	Goad	Ē	San	me as	13e
	18 CAUSE OF D	EATH (Enter o	nly one couse per	line for (a), (b), and	(6),1	HALL ST			-10-21	BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEAT	H WAS CAUSI	TE CAUSE (o)	CARDI	AC A	RREST					
	BUYL		DUE TO OF	R AS A CONSEQUE	NCE OF					17514	
	Conditions, if	ony, which	( (b)_			I. FATLURE	,				
	gove rise to		DUE TO OF	R AS A CONSEQUE				REPLACE.		13590	CASES LEVE
	underlying c	ouse last	(c)				3,9112			and beginning	LA PERSONAL PROPERTY OF THE PARTY OF THE PAR
	PART 2 OTHER	SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE	TERM	NAL DISEASE OR CON	DITION GIVE	N IN PART 11	0
CERTIFICATION	DI	ABETES	MELLI	TUS							
CAI	190 DATE OF OP	ERATION	196 CONDIT	TION FOR WHICH	OPERATIO	N WAS PERFORMED	(1)	20a AUTOPSY?		WERE FINDIN	
TIF		18. 11.3			30		15	YES NOT	YES		NO 🗆
E.	210. ACCIDENT WA		- 110110 4 4	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY O	CCURR	ED (ENTER NATURE OF INJUR	LY IN ITEM 18 PAR	RT T OR PART 2)	
CAL		WEDICAL EXAMINE		и.	19		000		UP CON	7 to 100 to 1	
MEDICAL	21d INJURY OC		21e PLACE C	OF INJURY	RM ETC 1	211 LOCATION STREET		CITY OR TO	wn	COUNTY	STATE
~	AT WORK	T WORK									
100			ital attended the		JUNI		86		11	9-86-	
33	sow the de obove, (1)	(dig) (did no	ot view the body	after death.	-86, on	nd that in (my) (our) op	inion d	leath occurred on the de	ate and hour	and from the	couses stated
	226 SIGNATUR	MI	110	1.	- 1	DEGREE	13			22c. DATE	SIGNED
38	CONT. I	MINI	April	janja	~	ATTENDI PHYSICI		MEDICAL STAT		16/1	1/8/2
	224 PHYSICIAN	S NAME (TYPE	OR PRINT)	10		22e ADDRESS	ни	RCH HOSPI	DAT CO	ORPORA	AMTON
. 5	V.V	1. AMSH	YANKA	K				DADWAY BAI			ATTON
	BURIAL, CREMATI	ON, REMOVAL	. 23b DATE	23c N	AME OF C	EMETERY OR CREMAT	ORY	23d LOCATION	-1-1-M(-)1		<del></del>
	urial		6/14/19	986 0	ak La	wn Cemeter	v	Baltimor	e	COUNTY	larvland
		R Duda - F	Ruck, Inc					REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNAT	TURE
			Dund		hand	21222	, 1191	N 13 1985	guian.	J. From 1 .	1

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

				STATE OF MARYLAND		
9026	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	8 0	1 6 5 8. 3
0 0 2 0		CEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
deoth deoth	[ TYPE	OR PRINT) HAZEL	LEE	GODWIN	6	4 1986 M
od er de	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
rs aft		FEMALE	BLACK	8 5 1930	55 YR	MÖNTHS DAYS HOURS MIN.
Po di	7a. Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	NTY OF DEATH
n 72		CAROLINA	U. S. A.	WIDOWED DIVORCED	BALTIMORE CITY	Y
		TY OR TOWN OF DEATH  ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREE	NG HOME OR OTHER INSTITUTION TADDRESS)	12a USUAL OCCUPATION  ITYPE OF WORK FOR MOST OF WORKING	
2 2			OTHER INSTITUTION, GIVE RESIDENCE BEFORE	DRIVE APT. 5 K	LAUNDRESS .	LAUNDRY
	13a S	ARYLAND 136. COU		RE YES X NO [	Lake Dr. Baltim	ODE901 Druid Park More, Md. 21217
P	14. FA	THER'S NAME FIRST FRED	MALLO	Y IS MOTHER'S MAIDEN NA	MIDDLE	CAMMERON
1 1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC		213 Red Bud	
1/	(1	res, no or unknown) (if yes, gi	220-20-	4095 Aileen Venabi		
aval.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (a), (b), o			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ewe			TE CAUSE (o)	HUVU		3 near
carb , or r		51.37	DUE TO, OR AS A CONSEQU	JENCE OF THE OF	ned	
ation	-	Conditions, if any, which gave rise to immediate	(b)	steep up	nea	
crem ther		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	JENCE OF AUD T	)	
urial, ar a			(c)	DEATH BUT NOT DELAYED TO THE TEN	AND ALL DISEASE OF COARDINGS	CONTAIN DARK I
Then To be	NO O	TART Z OTTER SIGNAL CART	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	WINAL DISEASE OR CONDITION	GIVEN IN PART TIO
prior	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
la per la	THE SE				YES NO	YES NO
entol Hygi		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		PAY YEAR 216 HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM	18 PART T OR PART 2)
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
nd M nd M	WED	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
olth o narke		AT WORK AT WORK		03 13 19 6	2 10 (-) 9	86
Hed I is n		sow the deceased alive or	tal) offended the deceased from.		death occurred on the date and I	hour and from the source stated
pt. or	1	obove, (I) (we) (did no	ot) view the body ofter death.	DEGREE	decired on the dote one of	22¢ DATE SIGNED
detached ate Dept JT: If them		May	Mil	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	060686
should be deta with the State I		22d. PHYSICIAN'S NAME (TYPE	OR PRINT	7 7 7 7 C	1) North	710 71716
shou IMPO	22- 0	U I I H	216, 11,	V. 6665	WINVE V	ME CICIP
	230. 6	Burial Burial		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24 E	INTRAFERESIOSONS FL			TE REC'D. BY REGISTRAR 256. REG	imore, Maryland
	4 IV	I LIVING CO. DUBY, I L	DIVERVAL HUTTE & TIVE			

DHMH - 16 60M 7/84

(VRA 15, 4)

24 NOTE PRESONS FUNERAL HOME, INC. 2501 GWYNNS FALLS PKWY. BALTO. MD. 21216

Julia Davidson Pondalla

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MONTH (TYPE OR PRINT) BARNEY 3. SEX 4 RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MANE CAMBASIAN 1990 70. BIRTHPLACE ASTATE OR FOREIGN COUNTRY MARY TAND 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BAVTIMORE ENGVANIT DIVORCED CITY OR TOWN OF DEATH SALESMAN LEVINDALE HEBREW HOME BARTIMOR SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION BALTIMORE MARYLAND BALTIMORE NO4 M FATHER'S NAME 15 MOTHER'S MAIDEN NAME CHARLES GOLDRICH FIRST MIDDLE DORA 166. SOCIAL SECURITY NO 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 212-09-4019 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) INFUMDNIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? Нув ? Is. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ntol Hem

BEREK MRS. SUZANNE NATHANSON 670 KENDALL DR., MARCO IS., FL. 33937 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC ) STREET CITY OR TOWN NOT WHILE AT WORK 22s.1 certify that # (this haspital) attended the deceased from sow the deceased alive on. and that in (a) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did) view the body efter death 226. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MARYLAND SOL LEVINSON & BROS., INC. 24 FUNERAL DIRECTOR Like Dringson Bangalle 6010 REISTERSTOWN RD. BALTO., MD 21215

2b HOUR

126. KIND OF BUSINESS OR

21208

INSURANCE

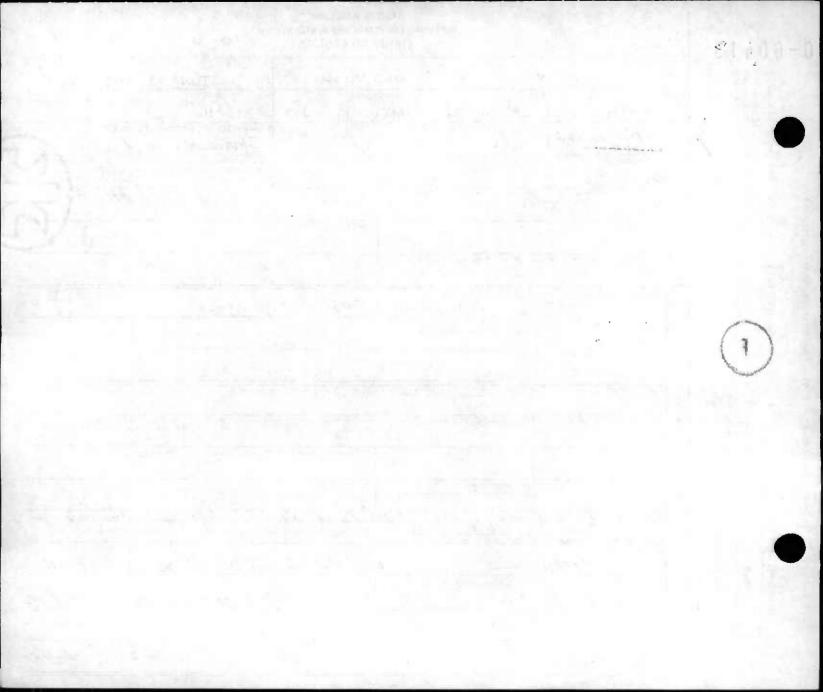
DIRECTOR:

DHMH - 16 60M 7/B4 (VRA 15, 4)

20

MPORTANT:

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injury; or other trou

IMPORTANT: If Hem 21 is morked or tem 18 shows ony

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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L.V	YEA	0	25	HOLD	-	

	FOR STATE REGISTRAR		F HEALTH AND MENTAL HYG	IENE 8 6	165	8 5
	I. DECEASED NAME FIRST	WIDDIE	LAST	REG. NO	AONTH DAY YEAR	26. HPUR45 A
	(TYPE OR PRINT) BILLY		GOODALI.	AUT.	JE 1 198	7 4 40 11
		RACE 5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male	White "	5-8-1932	54	YRS MONTHS DAYS	HOURS MIN.
A	To BIRTHPLACE STATE OF FOREIGN Th.	CITIZEN OF WHAT COUNTRY?	RRIED NEVER MARRIED	9. BALTIMORE CITY OR		
â	lenn.	US X WIDO	OWED DIVORCED	BALTIMOR		MD.
17.50	BALTIMORE /	NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  JOHNS HOPKI	NS HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 125 KIND C WORKING LIFE) THE USTRY	State
3	USUAL RESIDENCE (15 NURSING HOLDE OF OTI 130. STATE Md.	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIN	13d. INSIDE CITY LIMITS? YES NO X	1303 F v9	ZIPEODE Dr.	1032
Ž	FATHER'S NAME FIRST ANGREW GVG	inville Goodall	15. MOTHER'S MAJDEN NAM	ME MIDDLE	Willian	25
-	160 WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE W			Goodall	Same as	#13
	18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BE IMMEDIATE (	10.77.01 17.41	movery Meeter		APPROX BETWEEN	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O	INATED MERANOMA		75-	86
	PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART 1	0
7	190 DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE RINDIN IN CERTIFYING CAUSES YES	NGS USED OF DEATH?
2			AR 216 HOW INJURY OCCURR	~ _		- 10
	OR CONTRIBUTING CAUSE OF DEATH	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.	211. LOCATION STREET	CITY OR TOW	IN COUNTY	STATE
	270.1 certify that (1) (this haspital) sow the deceased of the obove, (1) (west grid	6/3 1987	., and that in (my) (our) opinion of	death occurred on the dat	1	that Ut (we) lost couses stated
	27b. SIGNATURE		M. D. ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICI		SIGNED 88
	27d. PHYSICIAN'S NAM PLYPE OR PR	A	270 ADDRESS HOLLING H	widself ininde	r	
	(SPECIFY) SUNIA	236. DATE 6-6-86 Md.	Vat. Cem.	23d LOCATION CHOWNS FI	14 \$16	Md
	24 FUNERAL DIRECTOR June	ral Home ADDRESS Ann	apolis Md. 250 GAT	N 4 1986	sh registrar's signat	ure

DHMH - 16 60M 7/84 (VRA 15, 4)

SECONDARY BILLY

090 31

1888 A. HUIL

r deot

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

5 DATE OF BIRTH

8	i.	
0	0	
0	1	

6. AGE (IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

MIDDLE

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY

2a DATE OF DEATH

0

176 KIND OF BUSINESS OR

MD.

6	ce	5
-	of o	1
(	is marked or Item 18 shows any injury, or other troumatic event, the medical Examiner maskbe notified at order	1
	* pe	-
Y	E	-
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5	Exc	- 6
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FOR

REGISTRAR I. DECEASED NAME

1 - STATE

(TYPE OR PRINT)

72 physici pleos per physicion uriol-fronsit p 01 After S 4. DIRECTOR و ف FUNERAL DIRECTOR to the Stote Dept. MPORTANT shoul with BP.

DIVISION OF VITAL RECORDS,

ofter

4 RACE 3. SEX 7m BIRTHPLACE 76 CITIZEN OF COUNTRY ·SAA. RQI IN CITY OF TOWN OF DEATH LE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) GIVE RESIDENCE BEFORE ADMISSIONS 130 STATE 13c. CITY OR TOWN 136 COUNTY 14 FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

71d INJURY OCCURRED

77h SIGNATURE

1)R

OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

AT WORK

226 PHYSICIAN'S NAME (INTE OR PRINT

MARRIED NEVER MARRIED WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

YES PY

50h 13e.STREET ADDRESS /\_ZIP CODE 13d. INSIDE CITY LIMITS?

IF UNDER I YEAR

16h SOCIAL SECURITY NO

HMore

17 INFORMANT

anche

NO

15 MOTHER'S MAIDEN NAME

ADDRESS

Transfer

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

DOTE

DUE TO, OR AS A CONSEQUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

NOT YES T 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

200 AUTOPSY?

19 21e PLACE OF INJURY [AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.]

211 LOCATION

CITY OF TOWN

STATE

NO T

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

220.1 certify that (Uf (this hospital) attended the deceased from sow the pleceosed olive on. obove, Un (we) (did) Adid not I wiew the body after death.

DEGREE

ATTENDING MEDICAL STAFE DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

230 BURIAL CREMATION, REMOVAL 23b. DATE

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION CITY OF LOWN Himore

and that in (m)) (our) opinion death occurred on the date and hour and from the causes stated

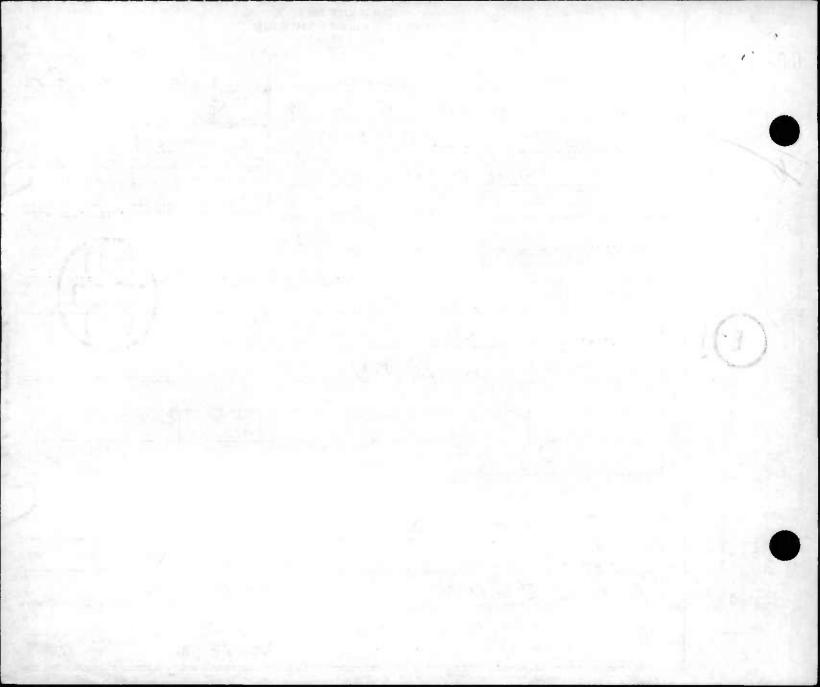
DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

e.	1.	FOR STATE MACO	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6		6	3 8 7
0 '10175	1 DE	REGISTRAR CEASED NAME FIRST	WIDDLE		AST	REG. N	O. DAY	YEAR	2b HOUR
0 1 1 1 1 1 2		OR PRINT)  # AKKY	111	Parella	ad al			\$	1720
may be page er deat	3. SE		4. RACE	5. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIR	06 (9 THDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
ctor soft		MALE	(A) HITE	MONTH	29 99	86	YRS	THS DAYS	HOURS MIN.
1000		RTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED DIVORCED	BALTIMORE CITY O	R COUNTY OF	DEATH	MD.
1 42		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION				SYLVANIA ROAD
24 hac	USU, 13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE TY 13c. CITY OR	BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A			
tely f		THER'S NAME			15. MOTHER'S MAIDEN NA	ME	OOL AVE	.,AI 1	. 3 (212
y parties of w		ABRAHAM	AIDDLE LAS	ODMAN	SARAH	MIDDLE	Po	ott < IAS	ī
Pages		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	ss 21	215	
S. Pog		NO			MRS. EVA GOO	DMAN 4004 P	RIMROSE	AVE.	,APT. 5
nt, th		18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	y one couse per line for (a), (	DE W	L			BETWEEN	IMATE INTERVAL ONSET AND DEATH
ph nph mm cever			E CAUSE (0) MASS	100 (0	Я				
/ LA			DUE TO, OR AS A CON	QUENCE OF			1.1		
1 11		Canditians, if any, which gave rise to immediate	(b) 13CV						
1000		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	160	1		NUMBER		
signed nen plec o burgo	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 10	0
The law recirion.  te has been sit permit I l'giene prior t	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	/HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
Z S S S E S ( )		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH	H DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	TRAP BE MATEM Y	OR PART 2)	
HYSICIA Iding ph burial-th Mental or Hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	211 LOCATION		_		
NG PH therefore the day the band or wheel o	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY O	OFFICE, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
INDIR INDIR IR: Al Use of Health	-	22a 1 certify that the (this hospit		~	. 19	to	. 19.		that (1) (we) last
ATTE aspute CCTO d for n 21		saw the deceased plive on above, (1) (we) (did) (did not	vis the body after death.		nd that in (my) (our) opinion o	death accurred on the d	ate and have an		
AL OK y the ho (AL DIRE detache oke Dep		226. SIGNATURY	( erother)		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	IAN D	22c. DATE	SIGNED
TO HOSPITAL etoined by th TO FUNERAL should be deter with the Stoke IMPORTANT:		FRICIAL CU	J VON BOW		27e ADDRESS	OF BACT	IMCULC	5	
of of short with the short of t		SURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	45.4	DUNTY	STATE
BP		BURIAL	6/20/86	AITZ CH	HAIM CEM	BALTIMOR	SE N	ARYLA	AND
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR SOL	LEVINSON & BR	QS., INC.	25a DAT	JUN BY REGISTRAR	256. REGISTRAF	S SIGNAT	TURE porphable
(VRA 15, 4)	6	010 REISTERSTOW				- 20 B	U	,	



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	pe		ge 3			

director, g

### FOR - STATE

DEDSMITH M

	TATE	OF M	ARYL	AND	*
DEPARTMENT	OF H	EALTH	AND	MENTAL	HYGIENE
CE	RTIF	ICATI	OF	DEATH	

B E REG. NO.	-	6	.3	8	2
6/21/86	DAY	YEAR	26	HOUR	91
(OE (IN YEARS LAST BIRTHDAY)	IF UN	DER I YEA	R IF L	INDER 24	HRS
	MONE	HS CLAYS	HE	HIPS A	6.104

SEX	4 RACE
MALE	Black
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?

YEAR MARRIED NEVER MARRIED

9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR

ADDRESS

IN CITY OR TOWN OF DEATH mons

REGISTRAR DECEASED NAME TYPE OR PRINTI

> DIVORCED WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

5. DATE OF BIRTH

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130 STREET ADDRESS / ZIP CODE, 29 08 Allendars RR 2/2/6

SUAL RESIDENCE 4 FATHER'S NAME

109

COUNTRY

15 MOTHER'S MAIDEN NAME

13d INSIDE CITYLIMITS?

MIDDLE

Johnson

17 INFORMANT

21216

EVER IN U.S. ARMED FORCES?

IMMEDIATE CAUSE (o

220.1 certify that (1) (this hospital) pattended the deceased from

MIDDLE

18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY:

Mrs. Bertha Goodman 2908 Allendale Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stating

'INKLOWA

underlying couse lost

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO

CERTIFICATION

MEDICAL

8

MPORTANT: ould b.

DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CIN'OMA 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 90 DATE OF OPERATION

IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION

200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NOF

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

MAIN IUMOR

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY

71d. INJURY OCCURRED AT WORK NOT WHILE 21e PLACE OF INJURY 211 LOCATION AT HOME STREET FACTORY, OFFICE, FARM, ETC.) STREET

four Dopinion death occurred on the date and hour and from the causes stated

sow the deceased glive on obove, (1) (we) (did) (did not) view the body after death 22K SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN

22¢ DATE SIGNED

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

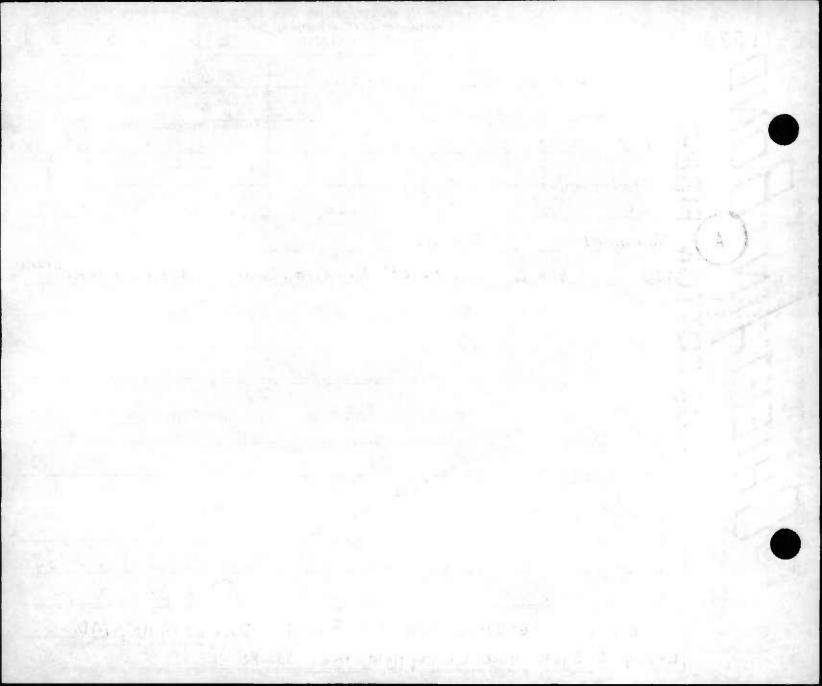
234 NAME OF CEMETERY OR CREMATORY Garrison

Wings

CITY OR TOWN

24 FUNERAL DIRECTOR O. Dyett

4600 Liberty Hahts Ave



### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

8	REG. NO.	-1	6	5	8	
_						_

1-	STATE REGISTRAR	DEFARI		ICATE OF DEATH	8 6 REG. NO.		6	8 9
{TYPE	CEASED NAME FIRST OR PRINT)	GOLDSTEIN	Go	NAMOO		6 28	86	12:05MA
3. SEX	EMALE	WHITE	S DATE O	F BIRTH	6 AGE TIN YEARS LAST BIRTH	YRS		HOURS MIN.
7a. BI	Maryland	CL SA	WIDOWE		BALTIMORE CITY OR	CITY	/	MD.
D.	Baltimore	11. NAME OF HOSPITAL, NURSI HE NOT IN SUCH FACILITY, GIVE STREE 2102 NOPTHO	TADDRESS)	OR. BALTO	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF	WORKING LIFE)	NDUSTRY	F BUSINESS OR
13a S	AL RESIDENCE (IF NURSING HOME OR OF COUN'	TY 13c CUTY OR JOY		YES NO	130 STREET ADDRESS	ZIP CODE RTHCLI	FFOR	21209
	WRLTER	HODIE GOLDSTE		15. MOTHER'S MAIDEN NAM	MIDDLE	14	INT	zer_
16a V	VAS DÉCEASED EVER IN U.S. ARA YES, NO OR UN NOWN) 1 IF YES, GIVE	AED FORCES? WAR OR DATES)  204-01		DR. WILLIAM	GOODMAN 2102			
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	(1)	IRRT	ION			BETWEEN	MATE INTERVAL DISET AND DEATH
e de la composition della comp	Conditions, if any, which gove rise to immediate couse (o), stoting the	DUE TO, OR AS A CONSEQUENCE OF TO, OR TO, OR AS A CONSEQUENCE OF TO, OR T	NE	CANCER			3	1/2 415
NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR COND	TION GIVEN I	N PART Ho	,
CERTIFICATION	190 DATE OF OPERATION Feb. 1983	Lung CA	OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDING CAUSES	IGS USED OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DEAT	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
MEDICAL	216. INJURY OCCURRED  WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF CE.	FARM ETC )	211 LOCATION STREET	CITY OR TOW	4	COUNTY	STATE
	220 I certify that (I) (this haspite sow the deceased alive on a above, (I) (we) (dig) (did not	6/27 19	0/	d that in (my) (our) opinion (	death accurred on the dat	e ond hour one		that (I) (we) lost couses stated
	22b. SIGNATURE	Padran, KD.	(	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		224 DATE S	58/86
	LEE A. G	PODMXUMD.		5748 C	RUSS COUNT	TRY BZ	KR, BX	1270 21209
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		BNAI of f MISHKO	EMETERY OR CREMATORY SKAEL CONG. N ISRAEL SECT	23d. LOCATION CITY OF TOWN  BALTIMORE		DUNTY	STATE MD
24 FI	UNERALDIRECTOR SOL LE 6010 REISTERSTO	EVINSON & BROS. DWN RD., BALTOS	, INC. , MD	21215 250 DAT	E REC'D. BY REGISTRAR 2	b. REGISTRAR	SSIGNATI	URE

DHMH - 16 50M 4/83 (VRA 15, 4)

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English or more than the second of the 12 all the ered them was to there is amount the Toront Parlament of Local Parlament of Contract State May 2619- 2010 No constitution of Lows Guers Fr with the strong Carre gard weadow Hill GOD TO FRENING TO STATE GOOD EN BURNETE

Film G617 item 8. STATE OF MARYLAND	
1-STATE 7/7/86 rja DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O	16590
REGISTRAR  REGISTRAR  REGISTRAR  REGISTRAR  REDICAL EXAMINER'S CERTIFICATE OF DEATH  TO DATE KING  TYPE CAPPRINT)  TO DATE KING  TYPE CAPPRINT)	REG. NO.
Tames E. Corski S. DEATH M.	311.
James E. Gorski, Sr. Death M.  James Birthelace (State or Foreign Country)  Male White 11 14 1937 48 yrs.  Married Dead Married Dead  Married Dead Married Dead  Married Dead Married Married Married Dead Married Married Married Married Dead Married Ma	ATED 6 25 19 86 M
MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCE	D 2.21
Male White 11 14 1937 48 YRS. DEAD  BIRTHPLACE (STATE OR TO EVEN UP TO A STATE OR TO EVEN UP TO EVEN	6 25 1986 F. 21M
Maryland U.S.A. WIDOWED □ DIVORCED *** B:	ION TYPE OF WORK 1126 KIND OF BUSINESS
IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING	OR INDUSTRY
Baltimore Francis Scott Key Medical Center Superviso	r-Coastal Insulation
13a. STATE COUNTY 13c. CITY OR TOWN 13d INSIDE (17Y LIMITS? 13e. STREET ADDRESS	7- D : 01000
Maryland Baltimore   Dundalk   YES	de Drive 21222
FIRST MIDDLE LAST FIRST MIDDLE	
dames A. Golski neien	Kazmierski ADDRESS
(IF YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes	
19 CAUSE OF DEATHER.	Same as 13e
The second of the second per time for (b), and (c), i	BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Dissecting aortic aneurysm  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which  again rise to immediate  (b)	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate  (b)	
Canditions, ir any, which gove rise to immediate cause (a) stating the under-lying cause last.  Conditions, ir any, which gove rise to immediate cause (a) stating the under-lying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF	
Canditians, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  Canditians, if any, which gave rise to immediate cause (a) stating the under-lying cause last.  Canditians, if any, which gave rise to immediate cause (b)  DUE TO, OR AS A CONSEQUENCE OF	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS  216. EXTERNAL CAUSE WAS  216. HOW INJURY OCCURRED LENTER NATURE OF INJURY HOURS AS MONTH DAY YEAR	20 AUTOPSY?
176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. DATE OF OPERATION  176. CONDITION FOR WHICH OPERATION WAS PERFORMED?  176. DATE OF OPERATION  176. DATE OPERATION  176. DATE OF OP	YES V NO
PART 210 EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR A.M. MONTH DAY YEAR	
UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
UNDERTYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  210 PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.)  210 STREET CITY OR TOWN	
O NEW HER	COUNTY STATE
220 I certify that I took charge of the remains described above, held an Autapsy X, Inspection . Inquiry	1
270   Certify that I took charge of the remains described above, held an Autopsy A, Inspection I, Inquiry L	, and in my apinian
death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner	er [_],
ACTUAL SIGNATURE SIGNATURE MEDICAL EXAMINE	DATE SIGNED 6/26/86
SIGNATURE MEDICAL EXAMINE	SIGNED 0/20/86
EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn St. B	Balto.MD
DE CONTROL 130 BURIAL CREMATION REMOVAL 1216 DATE 1216 NAME OF CEMETERY OR CREMATORY 123d LOCATION	
07/84 BP Burial 6/30/1986 Holy Rosary Dundalk	Baltimore Maryland
25M 24. FUNERAL DIRECTOR DILGS - PILCK TOC 250. DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE
(VR A15 ME (5)) 7922 Wise Avenue Dundalk, Maryland 21222 JUN 27 1936	wie Dandon-Hander

## BALTIMORE MARYL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

8	REG. NO.	-	6	Č	9	

6	1-	FOR STATE REGISTRAR		DEPARTM		FICATE OF DEATH	SIENE 8 6	0.	6	5 9
		CEASED NAME FIRST		• Grah		AAST	2a. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR 0
1	3 SE		4 RACE	- OLUM	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY! IF	UNDER - YEAR	IF UNDER 24 HRS
	Fe	emale	White		Augu	st 1, 1909	76	YRS.	NIHS DAYS	HOURS MIN
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY C		F DEATH	
2	Vi	rginia	U.S.A.		WIDOWE		Baltimore	City		M
প	Ba	Itimore	Union M	emorial	Hospi	or other institution .tal	12g USUAL OCCUPAT (TYPE OF WORK FOR MOST O Secretary		126 KIND C INDUSTRY Bank	ing
5	130. 5	AL RESIDENCE (IF NURSING HOME OF TATE 136, COU	alto.	Baltime	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS . 6505 Bever		1 2123	9
3	IA FA	THER'S NAME Charles Wi	niddle 11iam	Benesel	ζ.	Frances	ME MIDDLE		Sto	
2		VAS DECEASED EVER IN U.S. A	RMED FORCES?	66 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
9		yes, no or unknown)		223-10-07	721	V.B. Hughes 6.	505 Beverly	Road 2		
1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	TE CAUSE (a)	Cardo pu	moro	ry Arrest				MATÉ INTERVAL ONSET AND DEATH
Ч		Canditions, if any, which	( 1b)	Preumon	-				6/4	186
		gove rise to immediate cause (a), stating the underlying couse lost	(c)	as a conseque						
	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS COI	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
7	CERTIFICATION	19a DATE OF OPERATION	196. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO		WERE FINDI	NGS USED OF DEATH? NO
/	100.77	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF EITHER NOTIFY MEDICAL EXAMIN	HOUR A.M	. MONTH DA	Y YEAR	21s. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1   OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE O	F INJURY ET, FACTORY, OFFICE, FA	ARM ETC )	216. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this has sow the deceosed alive a obove, (1) (we) (did) (did n	. / 3 .		6/4	nd that in (my) (aur) apinion	death occurred an the d	ate and haur o	and from the	that (1) (we) la causes stoted
1	(	22b. SIGNATURE  PART PHYSICIAN'S NAME LIVE	unille	?	N	DEGREE  ATTENDING PHYSICIAN [ 122. ADDRESS	MEDICAL STA DIRECTOR PHYSIC	FF CIAN X	6/0	4 BG
		Paul Mauni	lla	MD		201 E. Univ	ersity Park	way	*	
		BURIAL, CREMATION, REMOVA Cremation	236 DATE 6-24-8		eenme		Baltimore	City	COUNTY	Maryln
		uneral director .tchell-Wiedefe	1d Home	5500 York	c Road	d 21212 JUI	TE REC'D. BY REGISTRAR V 2 4 1986	256. REGISTRA	AR'S SIGNAT	URE MILE

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, should be detected for use with the Store Dept. of Hec

FOR - STATE

REGISTRAR

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 6 1 6 3 9	6
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	(TYPE OR	NEI	LIE	N.	GRAN	T	June	14	1986	120	29 AM
	3. SEX	F	4 RACE W				6 AGE (IN YEARS LAST	YRS		AYS HOURS	MIN.
	cou	HPLACE (STATE OR FOREIGN	US		MARRIE		9 BALTIMORE CIT		TY OF DEAT	Н	М
4	BAL	OR TOWN OF DEATH TIMORE	UNION	MEMORI	IAL HOSE	OR OTHER INSTITUTION PITAL	12a USUAL OCCUP (TYPE OF WORK FOR MO Cashier		LIFE) INDUS	ND OF BUSIN TRY Spita	
3	130. STA MC		ME OR OTHER INSTITUTION	I30. CITY OR Baltin	TOWN	13d INSIDE CITY LIMITS?	3112 Abe			22218	
0	14 FATH	Robert	Powell	LAST	li di la l	15. MOTHER'S MAIDEN NA	Sarah Ha	ckett		LAST	
		S DECEASED EVER IN U.S NO OR UNKNOWN) (IF YE	ARMED FORCES?	10.25	4 7731	Miss Gail L.		518 E.	39th	St.	212
	6	Conditions, if any, which gave rise to immediate cause (a), stoting th	(b)_ e DUE TO, C	RAS A CONSE	Matol EQUENCE OF	d Long D	1sease				
4	P.	gave rise to immediat cause (a), stating th underlying couse last				A LUNG DOLD DISE	20a AUTOPSY?	20b IF YE	ES, WERE FII	NDINGS US	ATH?
/ 3	MEDICAL CERTIFICATION  Section 1361  Section 1361  MEDICAL CERTIFICATION  Section 1361  Section 1361	GOVE TISE TO immediate acuse (a), stating the course last anderlying course last anderlying course last acuse (a) Each acuse (a) Each acuse (a) Eather Notice Medical Example (a) Notice (a) Eather Notice Medical Example (a) Notice (a) Eather Notice (a)	196 CONE  SEDENTH HOUR A MINER)  216 PLACE (AT HOME S'	DITION FOR WE	DAY YEAR 19	216 HOW INJURY OCCUR	200 AUTOPSY?	20b IF YE IN CERT Y	ES, WERE FIF	NDINGS US USES OF DEA NO	STATE
/ 3	MEDICAL CERTIFICATION  12  12  13  14  15  16  17  17  18  18  18  18  18  18  18  18	gave rise to immediate cause (a), stating the cause (a), stating the cause (a) and erlying couse last and a cause (a). ART 2 OTHER SIGNIFICA and DATE OF OPERATION (a), ACCIDENT WAS UNDERLYING CONTRIBUTING (IF EITHER NOTIFY MEDICAL EXAMED. IN JURY OCCURRED	19b CONE  3	OF INJURY  OF INJURY  OF INJURY  REEL FACTORY, OF	DAY YEAR 19 FICE. FARM, ETC.) am 30 A	211 LOCATION STREET  ATTENDING PHYSICIAN [ 22e ADDRESS	20a AUTOPSY?  YES NO RED (ENTER NATURE OF I	20b IF YE IN CERT Y NJURY IN ITEM IS	ES, WERE FIT IFYING CALLES COUNTY	NDINGS US USES OF DEA NO	STATE (we) la

DHMH - 16 60M 7/8 (VRA 15, 4)

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executed within 24 hours ofter

pe

requires that the death certificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospitol or attending physician.

1, 173 al ve II II y Figure 22 Co. ev. I seil seil ----. Inhelbe 

10 FUNERAL DIRECTOR. should be deteched for use with the Store Dept. of Heo

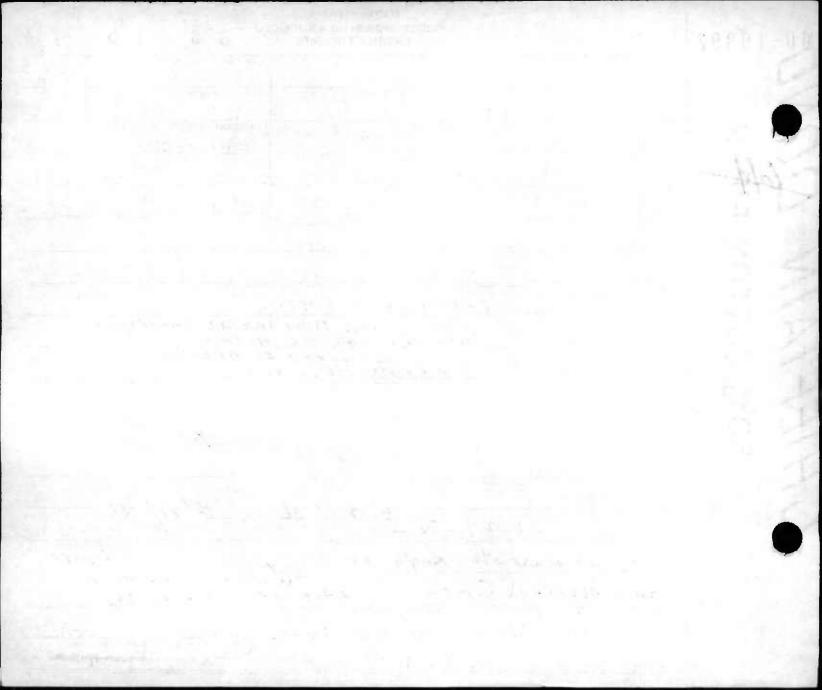
DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT.

STATE OF MARYLAND

8 6 REG. NO.	1	6	S	9	
0.5.05.1711		110	Lac		-

1.	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY	GIENE 8 6	NO.	1 6	5 9 3
	CEASED NAME FIRST	/	MIDDLE		LAST	20 DATE OF DEATH		DAY YEAR	26 HOUR
	HARRY	Z JI	AMES	GRA	Y		6 2	786	85PM
3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST E		IF UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHI	ITE	1	30 14	72	YRS	DATS	MIN.
70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D & NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	aryland	U.S.		WIDOWE	DIVORCED	Baltimo	re City	У	MD,
	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA		126 KIND C	OF BUSINESS OR
	Baltimore	Bon	Secours	Hospi	tal	Printer		_	T. Smit
Jo	AL RESIDENCE (IF NURSING HOM STATE aryland		Baltimor	N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS 1854 Wilk			1223
14. F.	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA	AME		LAS	51
	George	Α.	Gray		Mary	Eliza	oeth		mmers
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADD	RESS		
		WII	215-07-	3048	Dorothy W. C	ray 1854 J	Wilkens	a Ave.	21223
	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU	only one couse per JSED BY: DIATE CAUSE (a)	line lar (a), (b), and	GE	WIC SHOCK			BETWEEN	IMATE INTERVAL ONSET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN	(b) DUE TO, O:	RAS A CONSEQUE	RO ENCE OF S	Pon. Myoc. DIARETIC VI GKAFT S MIDLLIT	OVERULO US.	FER.		
CERTIFICATION	9a DATE OF OPERATION		C S Mir		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES	S, WERE FINDING CAUSES	NGS USED
	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF IN	JURY IN ITEM TO P	ART   OR PART 2)	
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE TWORK	21e PLACE			211 LOCATION STREET	CITY OR	IOWN	COUNTY	STATE
1	22a I certify that (I) (this ho saw the deceased alive abave, (I) (we) (did) (did	/ / ^	~ / 60	*	nd that in (my) (aur) apinion	, to, to	date and hav		
	MOUSE	eurs.	br- Su	M		DIRECTOR PHYS		121 DATE	SP6.
	KAUSHALE A	DRAK.S	INGH			MASHIN MASHIN			,
23a	BURIAL, CREMATION, REMOV	AL 236. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
	Burial	7/1/8	86 L	oudon	Park Cemeter			Ma	aryland
	UNERAL DIRECTOR		ADDRESS	2		TE REC'D, BY REGISTRA		RAR'S SIGNAT	
H	ubbard Funeral	Home, Ir	ic. 4107 T	Wilke	ns Avenue	1300	1	14004 3	



### STATE OF MARYLAND DEP

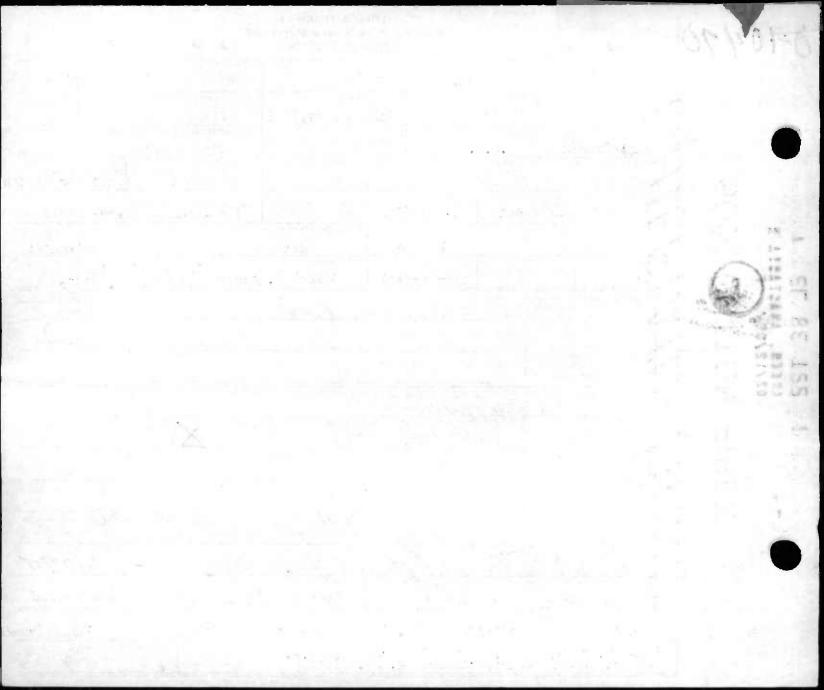
ARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
CFI	RTI	FICAT	FOF	DEATH	

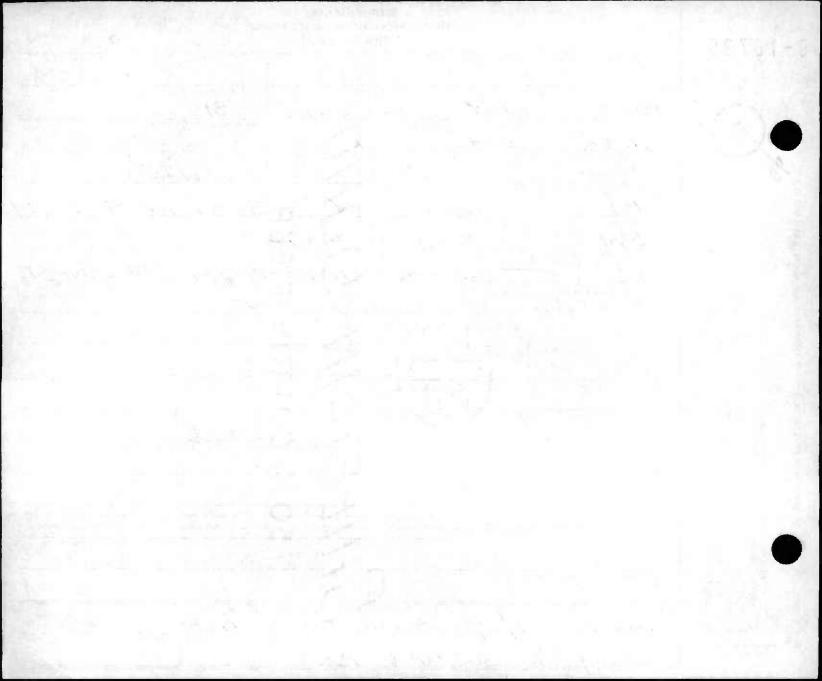
8	REG. NO.	1	6	5	9	
_			_			_

		REGIGIRAR							REG. NO.					- 1
		CEASED NAME FIRST OR PRINT) ANASTAS		M.		EEN		JUNE			AY YE	AR	35 HOU 5; 50A	R A M
	3 SEX	(	4 RACE		5. DATE O			6 AGE INYE	ARS LAST BIRTHDAY)		E UNGER I	VEAR DAYS	IF UNDER	24 HRS
	e F	emale	White		Feb	ruary	12,1905	81		rRS T	ORINS	DATE	HOURS	MIN.
8	7a. BIF	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVED.	MARRIED -	9 BALTIMOR	E CITY OR CO	UNTY	OF DEAT	TH		
1		Pennsylvania	U.S.A		WIDOWE		NORCED		MORE CI					MD.
4	)0 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INS	TITUTION	120 USUAL C	CCUPATION	ING HEE	12b. KI	ND OF	BUSINE	SSOR
1	1	ALTIMORE	THE JOI	HNS HOPKI	NS HO	SPITAL		Bookk	CCUPATION FOR MOST OF WORD		Road	ls C	ommi	ssion
6	13a. S	LERESIDENCE (IF NURSING HOME) TATE  Maryland  Bal	e or other institution, DUNJY TUMORE	13c CITY OR TOWN	N I	13d INSIDE	NOXX	13e.STREET A	DDRESS / ZIP Rosewoo	CODE d A	venu	ie 2	21228	3
2)	A. FA	THER'S NAME	WIDDIE	(ASI		15 MOTHER	S MAIDEN NAM	WE	MIDDLE			LAST		
U		Frank		Marca	vage		Mary					Rol	ini	tis
17	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORM	ANT		13913	Oui	nn I	ano		
4		NO OR UNKNOWN) (IF YES	ONE WAN ON DATEST	220-30-4	4891	Jos	seph F.	green	Baldwi	n.	MD.	210	113	
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly one cause per	line for (a), (b), and	d (c) b		1				BET	PPROXIM	NATE INTER	VAL DEATH
			JSED BY: IATE CAUSE (a)	Gardio	Vhore	as a	rest			No.		5 n	2.5	
1			DUE TO, O	R AS A CONSEQUE	NCEOF			1		~		9		)
70		Conditions, if any, which	(b)_	nelasta	hu C	arcine	-72 ) L	inkru	un Dri	ner		3 h	-cn/1	7-5
	1	gave rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				/					
		underlying couse lost	(c)											
	2	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVE	N IN PA	Rl Ira		
,	CERTIFICATION	as	prahon	prema	N-W									
2	FICA	CAD C	19b. COND	MON FOR WHICH	1/ 0		DRMED	20a AUTO					GS USED OF DEAT	
4	E	012/86	1 10	IN Les	11	255	Lucieu e	YES 🗌	NOU	YES			NO [	]
9	1.523	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110		YEAR	ZIC HOW I	NJURY OCCURR	CED (ENTERNAT	URE OF INJURY IN ITI	M IB PA	RT I OR PA	RT 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM			19	21/ 10017	611							
1	MED	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC )	21f LOCAT			CITY OR TOWN		COUN	ITY	5	TATE
1		AT WORK			Chan	2/1/2	1 11		D/47	3	87	7		
-11		220.1 certify tha (1) (this has saw the deceased alive		e deceased from	nn	7	, 19	death accurre	Lon the date on	, 1	9_46	-	hat (I) (v	
1		obove, Un(we) did Ndig	nat) view the bady	atter death.	9	DEGREE	, (cor, apmon (	seam accorrec	on me date on	0 11001			IGNED	
Н		MANH	R	11/	11	and.	ATTENDING _	MEDICAL	STAFF			The state of	1000	Tor
,		THYSICIAN'S NAME (TY	DE OR BRINITA	04	10	22e ADDRE		] DIRECTOR [	_ PHYSICIAN-			6/2	400	84
	- 4	MATTHE		0HK 1/	)	60	1 N.	half	STRE	61	-B4	201	mon	E
		URIAL, CREMATION, REMOV					CREMATORY	23d LOCA			COUNTY		(	TATE
		Surial	6/26/		t. Lou		emetery		lberton				90	lvani
	24 F)	eroy M. & Rus 630 Edmondson	sell C. U	litzkooFy	zeral,	Homes	P. 4250 DAT	REC'D. BY RE	GISTRAR 256. R	EGISTR	AR'S SK	GNATU	JRE	49
u	1	USU LUMORUSON	. noeme, c	monson	الال وعا	0 414		7						

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL





FOR - STATE REGISTRAR 1. DECEASED NAME (TYPE OR PRINT) SYLVESTER 3. SEX 4. RACE IF UNDER 1 YR. & AGE (IN YEARS LAST BIRTHDAY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEAL

GREEN

13d. INSIDI

YES X

H	0	REG.	NO.	0	44		
DA	TE	KNOWN ESTI-	X	MONTH	DAY	YEAR	26 HOU
DEA	H	MATED		6	7	1986	
	ATE	NCED		MONTH	DAY	YEAR	24 HOL

male	black	9	12	1922	63	Y
BIRTHPLACE (		7b. CITIZ	EN OF V	VHAT COUN	VTRY?	
M C		11	SA			

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)

MARRIED NEVER MARRIED WIDOWED DIVORCED

15. MOTHER'S MAIDEN NAME

IF LINDER 24 HRS

9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 17h KIND OF BUSINESS Retired

0	CIIA	OR	IOWN	OF	DEATH	
	Ba	11	imo	re	2	

724 N. Howard St. USUAL RESIDENCE (IF IN NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Baltimore Baltimore

( IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

CITY LIMITS?	13. STREET ADDRESS HO TIMES	Avenue	21217

MIDDLE

DEAD

ISUAL NO. 130. STATE Md 14. FATHER'S NAME Arthagus

Green

Annie 17. INFORMANT

Wendy Green 3406 Holmes Avenue

16a WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN)

PART I DEATH WAS CAUSED BY:

13b. COUNTY

166 SOCIAL SECURITY NO 243-16-2875

11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION

DUE TO OR AS A CONSEQUENCE OF

Hypertensive & arteriosclerotic cardiovascular

@1sease

Morris

Conditions, if ony, which gove rise to immediate couse (a) stating the underlying cause last.

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0)

19h. CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES 🗌 NO X

STATE

CERTIFICATION

21a EXTERNAL CAUSE WAS 216. TIME OF INJURY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

Natural causes

HOUR A.M. MONTH DAY YEAR 71e PLACE OF INJURY (AT HOME,

STREET, FACTORY, FARM, ETC. 1

21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 If LOCATION

CITY OR TOWN

WHILE AT WORK 22a. I certify that I took charge of the remains d death resulted fram:

214 INJURY OCCURRED

19a DATE OF OPERATION

escribed abo	ve, he	ld on
Accident		Suic

Inspection X Undetermined manner

and in my opinion

COUNTY

SIGNATURE

EXAMINER'S NAME

Ann M. Dixon, M.D.

Assistant MEDICAL EXAMINER 111 Penn St., Balto., MD

TITLE (SPECIFY)

6-8-86

(TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

6/14/86

23c. NAME OF CEMETERY OR CREMATORY Sandhill Church Cemetery

23d. LOCATION Kinston

N.C.

**DHMH - 17** (VR A15 ME (5))

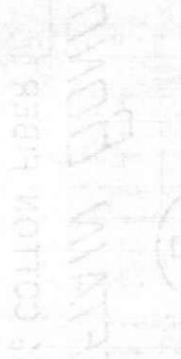
IN 24 F. IN ITEM 18. GIVE

RD "PENDING" IN PENCIL IN ITEM 18.
USED AS A BURIAL - IRANSIT PERMIT.
OF HEALTH AND MENTAL HYGENE, DRIAL, CREMATION, OR REMOVAL.

EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TQ BURIAL,

24 FUNERAL DIRECTOR Funeral Home West 4300

07/84





### 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 DIVISION OF VITAL RECORDS.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(3)	her
0	0
	REG. NO

00-08569	1.	FOR STATE REGISTRAR		DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	16	, 5	9 1
		CEASED NAME FIRST		MIDDLE	L	AST	20 DATE OF DEATH MO	NTH DAY Y	EAR 2b H	OUR
nay be page 3	1116	THER	ESA	М.	GREE	N	6	5 1	86	M
mo)	3. SE	X	4. RACE		5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER	I YEAR IF UNI	DER 24 HRS
ge 4 ector		Female	Whi	te	MONTH 7	25 00°	85	YRS MONTHS	DAYS HOUR	RS MIN.
Post of the Post	70. B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY OR C		тн	
mera mn 72		aryland	U.S	.A.	WIDOWE		Baltir	more Cit	V	MD.
offer of with		ITY OR TOWN OF DEATH	11. NAME OF		IG HOME C	ROTHER INSTITUTION	12g USUAL OCCUPATION	12b K	IND OF BUSI	
Po to	2	Baltimore	1520	W. Pratt	Stree	t	Homemaker	MANING (ILE) 114DO	-	
d in d in	USU 13e	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)	1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	P CODE		
AND AND		aryland		Baltimo		YES X NO	1520 W. Pra	att Stre	et 21	1.223
RYL 22 25 25 25 25 25 25 25 25 25 25 25 25 2	14. F/	ATHER'S NAME	MIDDLE	IAST		15 MOTHER'S MAIDEN NA	ME MIDDLE		LACT	
MA be		James		Edward	1	Jenny	Middle		Inhof	f
RE,		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRESS		-11	
be executed and an an and an		NO	IVE WAR OR DATES	213-07-	-5460	Teresa Dick	e 8909 Chesa	apeake A	ve. 21	1219
BAL:		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause pe					861	APPROXIMATE IN	ATERVAL AND DEATH
ST.,			TE CAUSE (a)	CARC	[Non	IA OF BREAS	T	1	3 Yes	es
ON nding corb			DUE TO, C	R AS A CONSEQUI	ENCE OF					
PRESTON ST he death cert he ottending i emove corbon matian, or ren	M	Canditians, if any, which	(b)_	SE	CON	DRY META	ITASS TO LU	NG.	one y	lear.
W. PI		cause (a), stating the Underlying cause last DUE TO, OR AS A CONSEQUENCE OF								
201 ned plea urial		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITI	ON GIVEN IN PA	ART lig	
RDS,	NO			HYPIER		ISION.				
bee prior	CAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH		WAS PERFORMED		IF YES, WERE F		
DIVISION OF VITAL RECORDS,  OR PHYSICIAN: The law require outending physician.  Ost the burnol-transit permit. Then hand Mental Hygiene prior to be orked or frem 18 shows any injury	CERTIFICATION	NA	210	~	A		YES NO	YES _	NO NO	_
VII. T hysici icate ronsi Hyge 18 sh		210 ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING   CAUSE OF DE		FINJURY M. MONTH, D.	AY YFAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PA	(R1 2)	
SKCIA ng pla pental riol-treent	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M. MA	19	~	A			
PHYS and in this d Model	AEDI	21d INJURY OCCURRED		OF INJURY	ARM ETC )	211 LOCATION STREET	CITY OR TOWN	COUN	4TY	STATE
otte otte os th orke	~	AT WORK NOT WHITE AT WORK		NA			NA			
N N N N N N N N N N N N N N N N N N N		220 I certify that (I) (this hasp	4 6 10	ne deceased fram_	8 -	7 19 84		19.86	, that (I	(ye) last
Sprite Sprite of the		saw the deceased alive or above (1) well did paid n	at viewsthe body	other death.	51, or	d that in (my) (aur) apınıan	death accurred on the date of	and have and fra	m the causes	stated
O. Con Check		17% SIGNATURE	111.	-/		PEGREE		220	DATE SIGNE	ED .
AL AL deto		1/0	INN	w 8	- 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10	6/2/	86
HOSPIII Ined by Ind be		124 PHYSICIAN'S NAME STYR	OF FEMALE			22e ADDRESS			1 /	
TO HOSPIT etained by TO FUNER should be with the St With TAN		Syed Ashruf			#5#E	204 Transmi	ssion Rd. 21	1090		
D	23a. I	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c 1	VAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY		CTAPE
BP		Burial	6/5/	86 I	Holy C	ross Cemetery	Brooklyn Pk		Mary	land
DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR		ADDRESS		1229 250 DAT	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIG	GNATURE	
(VRA 15, 4)	H	ubbard Funeral	Home, I		Wilke	ns Ave.	1986 Ju	har vidsor	- Handa	بالألم

geral director, page 3 n 72 haurs after death

### STATE OF MADVIAND

3	HAIE OF M	MALILAND	
EPARTMENT	OF HEALTH	AND MENTAL	L HYGIENĖ
CEI	RTIFICAT	E OF DEATH	

3	6 REG. NO.	1	6	3	9	-

FOR STATE			F HEALTH AND MENTAL HYG	SIENE O		4 4	9	R
	nes Greg	rc CER	TIFICATE OF DEATH	O REG. N	10.	0 3		13
I. DECEASED NAME FIRST (TYPE OR PRINT)	MI	OOLE	LAST	20. DATE OF DEATH	MONTH DA	AY YEAR	2b. HOU	R
Jert +	AIA	Aranes (	2669	JUNE 2.	1986		5:	30 MI
3. SEX	4 RACE	5. DA	TE OF BIRTH	6. AGE (IN YEARS LAST BE	RIHDAY) H	F UNDER I YEAR	IF UNDER	24 HRS
Eemale	White		ine 19, 1906	79	YRS.	ONTHS DAYS	HOURS	MIN.
70. BIRTHPLACE   STATE OF FOREIGN	76. CITIZEN OF W	HAT COUNTRY?		9 BALTIMORE CITY		OF DEATH		
Marvland	U.S.A.		RRIED NEVER MARRIED DIVORCED	Baltimore	City,			MD
CITY OR TOWN OF DEATH	11. NAME OF HO	OSPITAL, NURSING HON	ME OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINE	
Baltimore	Church	Hospital, I	nc.	(TYPE OF WORK FOR MOST		maker		
USUAL RESIDENCE (IF NURSING HOME OF		IVE RESIDENCE BEFORE ADMISSI		13e STREET ADDRESS	/ 710 CODE			
Maryland Balti		Dundalk	134 INSIDE CITY LIMITS?	3102 Solle:		t Road	1 21	222
IN FATHER'S NAME			15. MOTHER'S MAIDEN NA	ME				444
Leonard	MIDDLE	Morris	Anna	M.		Pad		
160 WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECURITY N		ADDR	ESS	I ac	ia	
(YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	217.38.1961	Virgil V. Gre	egg (same a	s 13e)			
18 CAUSE OF DEATH (Enter or	ly one couse per li		1121411 11 010	agg (balle a	3 2301	APPROXI	MATE INTER	VAL
PART 1 DEATH WAS CAUSE	D BY:		C AND SHOCK			SCIWICIAC	Stage   Alab	DEATH
IMMEDIA					SHELL			7140
Conditions, if any, which		AS A CONSEQUENCE C	ROINTESTINAL	RIFFDING		139		
gove rise to immediate				BLEEDING		1000		
couse (a), stating the underlying couse last.	1	AS A CONSEQUENCE C	)F					
PART 2 OTHER SIGNIFICANT	CONDITIONS CON	NIPIBLITING TO DEATH	BUT NOT RELATED TO THE TERM	ANAL DISEASE OF CON	IDITION GIVE	N IN PAPI 10		
	CONDITIONS COL	NIKIBOTINO TO DEATH	BOT NOT KELATED TO THE TERM	TINAL DISEASE ON COI	DITION GIVE	N HYPART IIC	10.43	
190 DATE OF OPERATION  210 ACCIDENT WAS UNDERLYING	196 CONDIT	ION FOR WHICH OPERA	TION WAS PERFORMED	200 AUTOPSY?	20b. IF YES,	WERE FINDIN	IGS USEC	)
FIG				YES NO NO	IN CERTIFY!	ING CAUSES	OF DEAT	
210 ACCIDENT WAS UNDERLYING	216. TIME OF	INJURY	21c HOW INJURY OCCUR	1 2				,
00 000 000 000 000 000 000 000	AIH	MONTH DAY YE	AR					
UIF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED	P.M. 21e. PLACE O		211 LOCATION					
WHILE NOT WHILE		ET, FACTORY, OFFICE, FARM, ETC	STREET	CITY OR TO	)WN	COUNTY	51	TATE
22a I certify that (1) this hasp	ital) attended the	deceased framJUNE	E 2, 10 86	JUNE	2 16	. 86	that it for	3
sow the decrease the or above, it was did not no	TYTATES O	0/	and that in (my) (our) ppinion	death occurred on the o	late and hour	and from the	couses sta	sted
22b SiGNATure	it view the body o	fter death.	DEGREE		200	22c. DATE	AIGNED	
10	Gnass	Daut	ATTENDING _	MEDICAL STA		61	1/8	1
22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	o cooff	22e ADDRESS	DIRECTOR PHYSI	7	10/	210	0
	GURN:	SWAMY	CHURC	H HOSPITA	L COR	PORAT		
					TIMOR	E, MD	2]	231
23a BURIAL, CREMATION, REMOVAL	1 13 U U U U		OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	\$1	TATE
Cremation	6/2/19	86 Green	Mount Cremator	v Baltimo	re City	, MD		

BP DHMH - 16 60M 7/84

TO HOSPITAL

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land 21 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, or removal.

injury, ar ather traumatic event, the

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

24 FUNERAL DIRECTOR

250 DATÉ REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

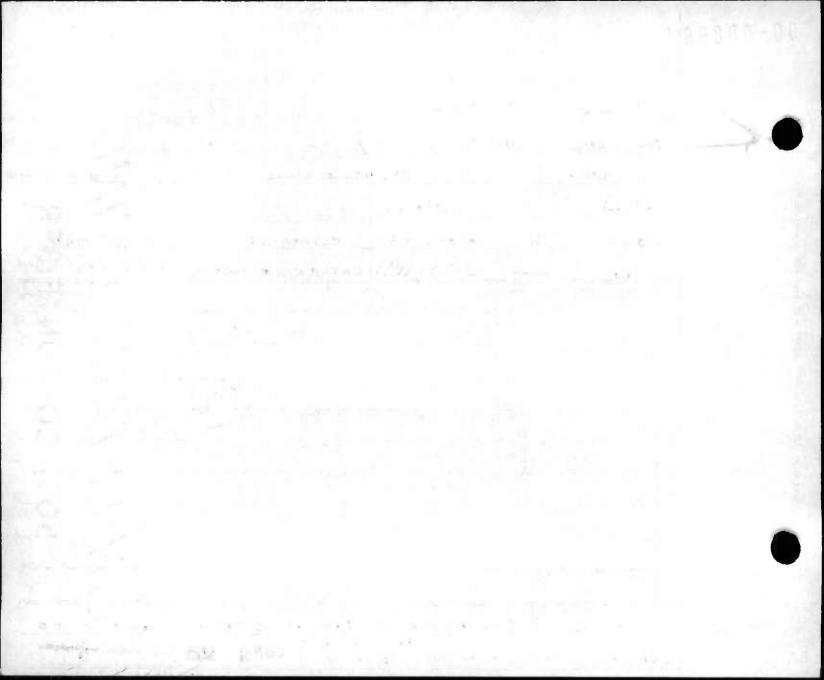
Walter Brooks Bradley, Inc. Balto., MD 21222

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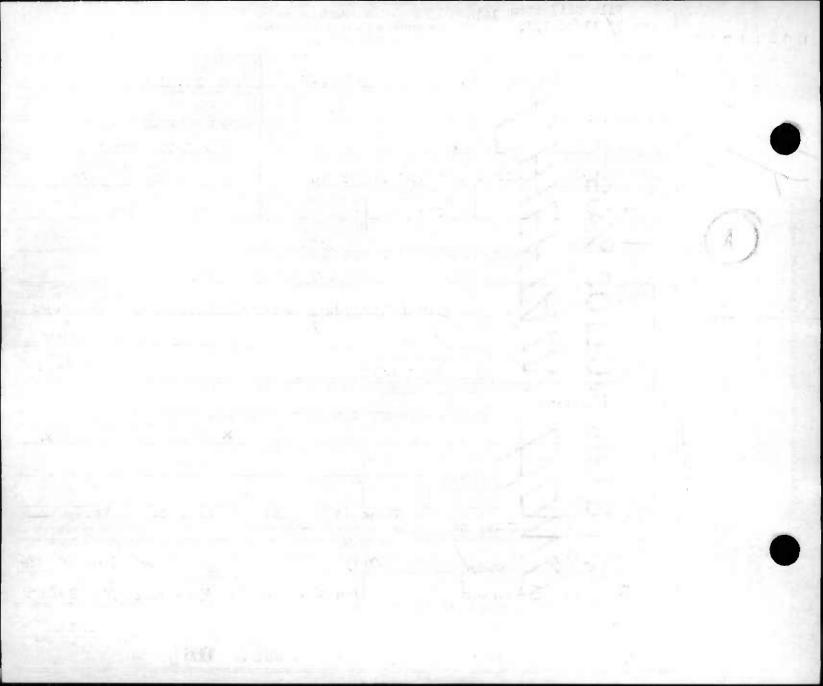
### STATE OF MARYLAND

8	REG. N	Ο.	Į	6	3	9	0
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0-08899	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 REG. N	. 16599
ge 4 moy be stor, poge 3 softer death		CEASED NAME FIRST OR PRINT) TON	MADDLE H.  4. RACE  CONCASIAN	S. DATE OF BIRTH  MONTH  DAY  VEAR  ON  ON  ON  ON  ON  ON  ON  ON  ON  O	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR S 30 HOUR STHDAY) IF UNDER 1 YEAR IF UNDER 24 HIS HOURS MIN.
by the first from the first with the		RTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND TY OR TOWN OF DEATH  MORE	7b. CITIZEN OF WHAT COUNTRY  U.S.A.  11. NAME OF HOSPITAL, NURS  (JENOT IN SUCH FACILITY, GIVE STRE	WIDOWED BNORCED ING HOME OR OTHER INSTITUTION	PULL COLUPTION OF THE PROPERTY OF WORK FOR MOST	
ed within 24 hour impletely filled in 1 and 2 Rould be?	13a. S	AL RESIDENCE (IF NURSING HOME OR 13b COUNTY) THER'S NAME FIRST		WN 13d. INSIDE CITY LIMITS?	WIDDLE	HOFFMAN
ficate be execut physicion and co popers. Page I mavol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	MED FORCES? 166. SOCIAL SEC 2 WAR OR DATES) 19 one couse per line for (o), (b), co 2 BY: E CAUSE (o)	CATHERING	GRESS	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
equires that the death cer signed by the attending Then please remove carbo to burial, cremation, or re njury, or other froumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF THE CONSEQUENCE OF T	Stokeden red	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1(0)
The low recion.  The low recion.  The hos been sit permit.  Giene prior		19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NOT	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \subseteq \text{NO } \
OR ATTENDING PHYSICIAN: e hospitol or attending physicians. DIRECTOR: After this certifica freed for use as the burial-training the for use as the burial-training. Dept. of Health and Mental Ity. Hem 21 is marked ar Item 18	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (ID) ottended the deceased from	ond that in (my) (our) opinion  DEGREE  ATTENDING	to deoth occurred on the d	19 that (I) (we) los ote and hour and from the causes stated  720. DATE SIGNED
TO HOSPITAL TO FUNERAL I Should be deto with the Store IMPORTANT: If	23a. I	BURIAL, CREMATION, REMOVAL SPECIFY)	23b. DATE 23b. C - 11-86. S	NAME OF CEMETERY OR CREMATORY  ACRED HEARTEGLES	23d. LOCATION CITY OF TOWN DUNDALA	STATE ROLLTO, CO. MO.
DHMH-16 30M 2/80 (VRA 15, 4)		INERAL DIRECTOR NAME HARLES 5.2E	ILEA +SON ADDRESS	901 S. CONKLINEST 250. DATE	E REC'D. BY REGISTRAR	251 REGISTRAR'S SIGNATURE



1		F11m G61/:	item 1&1	+	STATI	OF MARYLAND					
11316	1-	FOR 72 11/86 I. STATE REGISTRAR	.J.	DEPART		EALTH AND MENT ICATE OF DEAT		0 0	C. Bellin	6 6	0 0
1410		CEASED NAME FIRST	M	DOLE	L	AST	20	REG. No. DATE OF DEATH		DAY YEAR	2b. HOUR
	(TYPE	BARB	ARA (	7		GRIFFIN		JUNE 30	1006		8:487
	3. SE)		4 RACE		5. DATE C	F BIRTH	6	AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	F		I	3	10	23 2	41	44	YRS	MONTHS DAYS	HOURS MIN.
2 57		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8 MADDIE	NEVER MARRI	IED 9	BALTIMORE CITY	OR COUNTY	OF DEATH	3-11-1
6		MRYLAND	U.S.	.A.	WIDOWE			BALTIM	ORE (	CITY	MD.
3		TY OR TOWN OF DEATH  BALTIMORE	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET HOPKIN	ADDRESS)	ROTHER INSTITUTE SPITAL		USUAL OCCUPATIVE OF WORK FOR MOST	OF WORKING LIF		F BUSINESS OR
\$5		AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	OR OTHER INSTITUTION G	BALTIMO	E ADMISSION)	13d INSIDE CITY LIA		e STREET ADDRESS OO MELLO	/ ZIP CODE		
\$		THER'S NAME				15. MOTHER'S MAIL			000111		
Ka	9	SONY Sonny	WIDDIE	SHANKS		HATTIF	7.	MIDDLE		THORE	
18 /	16a V	VAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECU	JRITY NO.	17. INFORMANT		ADDR	ESS		
2 2	()	NO	IVE WAR OR DATES	21950608	88	YOLANDA C	COWARD	700 MELL	O COUR	T	
- €		18 CAUSE OF DEATH (Enter o	nly one couse per l	ine for (a), (b), an	id (c).)					APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
movol.		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (a)	Care	dio Du	mondry	arra	ost		5 N	linutes
or re			The state of the s	AS A CONSEQUE	,					T V V	1
ion,	Н	Conditions, if any, which	( (b)	540						1 1	day
e mai		gave rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUE	-						, )
oth		underlying cause last.	(6)		sure	5				12	days
njury, or	NO	PART 2 OTHER SIGNIFICANT  diabetes		ntributing to 1	DE ATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR COM	IDITION GIV	EN IN PART 110	2
hoo	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?		, WERE FINDIN	
A LINESPIE	TIFIC							YES X NO	YE YE	YING CAUSES	NO K
m 18 show		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING  CAUSE OF DE	HOUR A.N	MONTH D	AY YEAR	21c. HOW INJURY	OCCURRED	(ENTER NATURE OF INJ	IRY IN ITEM 18 P	ART 1 OR PART 21	
d or frem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. PLACE O		19	211 LOCATION					
markedor	ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F	FARM, ETC ]	STREET		CITY OR TO	)WN	COUNTY	STATE
mar		22a.1 certify that (I) (this have	ottended the	deceased from_	JUN	2 19 19	86	, to June	30	19 86	that (I) (we) last
of He		sow the deceased alive o above, (I) (we) (did) (did)	and June	30 19	86 . 01	d that in (my) (aur)	opinion dec	oth occurred on the c	ote and hou	r and from the	couses stated
ept tem		22b. SIGNATURE	of) view the body o	rter death.		DEGREE				22c. DATE	
ote D		72 NOH	1	1	N	ATTEN PHYSI	DING	MEDICAL STA	FF CIAN (2)	Tune	30,1486
with the State [		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	9		22e. ADDRESS	6.0.0			-	
with the Stat		Robert ?	Strum	st		600 N. U	Volte	5+ Bul	Imore	BALTOM	21205
48 3 3		JURIAL, CREMATION, REMOVA	L 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION			
	E	URIAL	7-3-86	5 1	EASTV]	EW		BÄLTIMO	RE	MARY	LAND
16 60M 7/B4		INERAL DIRECTOR		ADDOR4:			25a. DATE R	2 BY REGISTRAF	256 REGIST	RAR'S SIGNAL	URE POR
15, 4)	W	M.C.MARCH F/H	INC. 1101	LEASTN	ORTH A	VENUE	JUL	8 1900	1		



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OF VITAL RECORDS, 201 W, PRESTON ST., BALTIMOR!	Clabs. The law requires that the death certificate to a physician.
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TO FUNERAL DIRECTOR. After the certificate has been signed by the otherding physicion and should be detached for use on the buriol stransit permit. Then please remove carbooappers. Pages with the State Dept. of Health and Mental Hygiene polar to buriol, cremation, or remaval.

DHMH - 16 50M 4/83

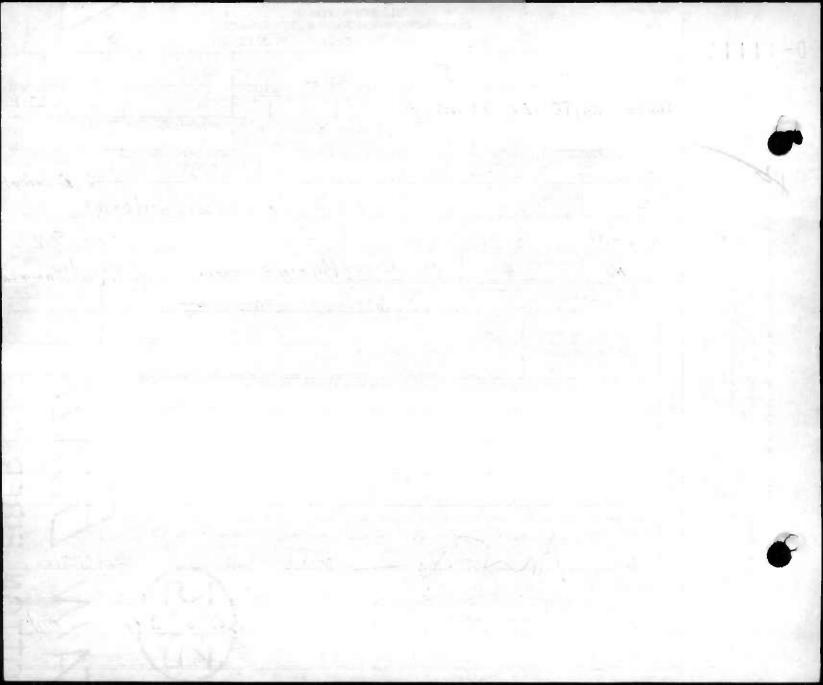
(VRA 15, 4) -

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Ŀ	FOR STATE REGISTRAR	CERT	HEALTH AND MENTAL HYGI IFICATE OF DEATH	8 O REG. NO		5 0
	MALE	BLACK 8	ROSS OF BIRTH  DAY 9 19 19 19 19 19 19 19 19 19 19 19 19 1	JUNE 6 AGE (IN YEARS LAST BIRT	YRS. DAYS	2b HOUR  # UNDER 24 HR  HOURS MIN
7	MARYLAND	b. CITIZEN OF WHAT COUNTRY? 8 MARR WIDOV  1. NAME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL, NURSING HOME OF HOSPITAL OF HOSPI	IED NEVER MARRIED U	120 USUAL OCCUPATION OF THE PROPERTY OF WORK FOR MORIO	R COUNTY OF DEATH	H HUSINESS O
7	THEFS NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 CTY OR TOWN	13d. INSIDE CITY LIMITS?  YES NO	3. STREET ADDRESS	letare,	BALT
lta v	E NORUNKNOWN) (NYES THE	NED FORCES? 166 SOCIAL SECURITY NO.  NATION DATES:  100 SOCIAL SECURITY NO.  101 J - 18-338  101 y one cause per line for (a), (b), and (c),	BERTHA 17. INFORMANT TEANOR C	ADDRE	2501 Via	letur Comate interval
	Conditions, if any, which gave rise to immediate course iot, stating the underlying course last.	BY: matricate to	IT NOT RELATED TO THE TERMIN	)	KINOMA	1 yea
CERTIFICATION	IN DATE OF OPERATION	196. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	20e AUTOPSY?	206. IF YES, WERE FINDS IN CERTIFYING CAUSE: YES	NGS USED S OF DEATH?
MEDICAL CER	THE ACCIDENT WAS UNDERSTORED CONTROL OF CAUSE OF GEATS (IN STITUTE, NOTIFY MEDICAL SAMMERS)  JULY BUTTER ACCIDENT MEDICAL SAMMERS)  ACCIDENT MODIFY MEDICAL SAMMERS  ACCIDENT MODIFY MOD			D (ENTER NATURE OF INJUR		STATE
		view the body offer death.	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	mEDICAL STAI	ate and have and from the	that (I) (we) I causes stated
73a. 1	CHEMATION REMOVAL	7-3-86 Gay	CEMETERY OR CREMATORY  OUT  250. DATE	REC'D. BY REGISTRAN	Wilf COURAL Sh. REGISTRAR'S SIGNA	6. MI

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN IX (TYPE OR PRINT) OF ESTI-DEATH MATED 27 19 86 David 6 Grubbe 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR IF UNDER 24 HRS. DATE YEAR LAST BIRTHDAY) PRONOUNCED 12:15 2 DEAD 1986 1908 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE MARRIED NEVER MARRIED USA N. Y. Baltimore City DIVORCED CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REDUNTING. Baltimore America Cruise Ship 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES I WITH FORM PM NIT. PAGES LAND 17. INFORMANT . ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 18042 VISION (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 3528 Southwood Dr. Northhampton Penna val 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CENTRICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE TO FUNERAL DIRECTOR ADDRESSED AS A BURIAL-TRANSIT PERMIT. AFTER DEATH WITH THE STATE QUENAL OF HEALTH AND MENTAL HYGIENE, DISACTEMBENTAL HYGIENE, DISACTEMB EEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES . NOX 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. 21L LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Inspection X 22a I certify that I took charge of the remains described above, held on and in my apinian Undetermined manner death resulted from: Netural causes Homicide TITLE (SPECIFY) ACTUAL 6/27/86 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 231 NAME OF CEMETERY OR CREMATORY GREEN MOUN Baltimore. 25a. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 ME (5))



00-09056

certificate be executed within 24 hours

deoth a

TO HOSPITAL OR ATTENDING PHYSICIAN, The Jaw retained by the hospital or attending physician.

ottending physiciar ave carbon papers.

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physical should be detached for use as the burial transit permit. Then please temore carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

page 3

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0	to a
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	REG. NO.

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- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO	
1 DECEASED NAME FIRST	MIODLE	C11		MONTH OAY YEAR 26 HOUR
Edna	a L.	Gunke1	6-5-86	7:12 P/
3. SEX	4 RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS
Female	White	3-28-1903	83	YRS.
O BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH
Balto. Md.	U.S.A.	WIDOWED DIVORCED	Baltimore	City
Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Good Samarita		120 USUAL OCCUPATION (17PE OF WORK FOR MOST OF Home Maker	WORKING LIFE) INDUSTRY
OSUAL RESIDENCE (IF NURSING HOME 130 STATE 136 COI	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR 134 CITY OR TOW Balto.		32 134 STREET ADDRESS / 4230 Wood1	ZIP CODE Lea Avenue-21206
14. FATHER'S NAME	MIDDLE LAST	IS MOTHER'S MAIDEN		
Willia	am Koehne	Matilda	a Meyer	IAST
160 WAS DECEASED EVER IN U.S. A			ADDRE	SS
(YES NO OR UNKNOWN)	216-46-0	047 B Elmer J. G	unkel 4230 Woo	odlea Ave21206
Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANA  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	lstrenues	DEATH BUT NOT SELATED TO THE TO SELATED TO SELATED TO THE TO SELATED TO SELATED TO SELATED TO THE TO SELATED TO SEL	ERMINAL DISEASE OR CONE	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
H. C.			YES NO	YES NO
OR CONTRIBUTING CAUSE OF C (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED  WHILE NOT WHILE	DEATH HOUR A.M. MONTH D	19 211 LOCATION	CURRED (ENTER NATURE OF INJUR	
220.1 certify that (1) (the saw the deceased alive (	not view the body ofter death	DEGREE	nion death occurred on the do	the first of the courses stated from the course stated fro
270. I certify that (I) (the to sow the deceased alive above, (I) (the right (did 27b SIGNATURE	on 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDIN PHYSICIA	MEDICAL STAF	12 and hour and from the causes stated  12c. DATE SIGNED  F
270. I certify that (I) (the too saw the deceased alive above, (I) (to right) (did 27b SIGNATURE	DO 19 19 19 19 19 19 19 19 19 19 19 19 19	DEGREE ATTENDIN PHYSICIA  270 ADDRESS  340	MEDICAL STAF	FIAN DATE SIGNIFO  27c. DATE SIGNIFO  AND 21213

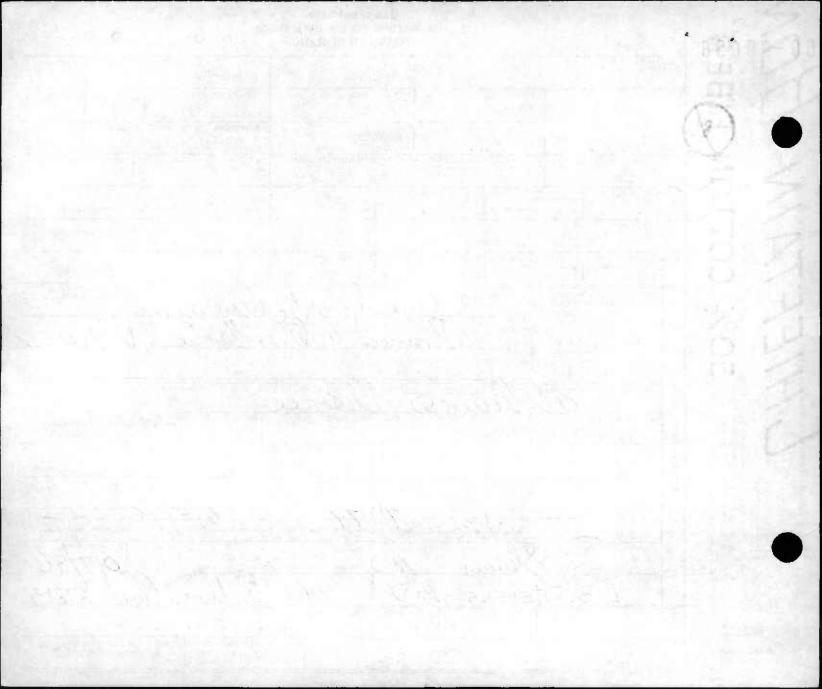
DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

John C. Miller Inc.-6415 Belair Rd.-21206

1985



00-	10807	1-	STATE REGISTRAR			DEPARIM		ICATE OF DEATH	8 6 REG. NO	D.	6 6	0 4
	oy be death death		OR PRINT)	IZABE		S. GV	VATH	IMEY	2a. DATE OF DEATH	6 2		8 2-5
	you do	3. SE)		4 RAC		0. 0.	5. DATE C		6 AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HK
	ge 4 r		Female		Wh	ite	Jan.	25°, 1965	81	YRS.		HOURS MIN
	Pog		RTHPLACE (STATE OR FORE	IGN 76. CITI	IZEN OF V	VHAT COUNTRY?	8. MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COLINTY O	FDEATH	
	th.		Virginia			5A	WIDOWE	DE DIVORCED				٨
5 ×	1 10	10 CI	Baltimore	(IF	NOT IN SUCH	OSPITAL, NURSIN IFACILITY, GIVE STREET ICK HOM	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOMEMA)	F WORKING LIFE)	126. KIND OF INDUSTRY OWN	Home
BALTIMORE, MARYLAND 2120	24 ho filled in gold be most b		AL RESIDENCE (IF NURSING TATE 13b	COUNTY	NSTITUTION,	13t. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES MO	13e STREET ADDRESS /	ZIP CODE Road	21210	)
YLA	shun shun	14. FA	THER'S NAME	WIDDLE		IAST		15. MOTHER'S MAIDEN NA	ME		1241	
MAR	omple exam		Walker	D		Stuart		Carrie	Miller	Hay	ynes	
m,	d de la		VAS DECEASED EVER IN	U.S. ARMED FO		166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
WO	n ond k	()	No No	IF TES, GIVE WAR OF		215 30	2019	Elizabeth (	G. Matthai.	Ba	lto.	MD
201 W. PRESTON ST.,	equires that the death certificat n signed by the attending phys. Then please remove carban aop to barial, cremation, ar remove injury, or other traumatic event,	NO	Canditions, if any, will gave rise to immed cause (a), stating underlying cause	CAUSED BY: MEDIATE CAU:  DI hich   the   lost.	UE TO, OR  (b)  UE TO, OR	A CONSEQUE	ENCE OF	Molic Cost	io Vaccular		5m	NATE INTERVAL NSET AND DEAT  1 1 1/S  COMB
DIVISION OF VITAL RECORDS,	icion.  te hos been sit permit giene prior	CERTIFICATION	190 DATE OF OPERATIO		b CONDI	TION FOR WHICH	OPERALIO	N WAS PERFORMED	200 AUTOPSY? YES NO	NO CERTIFYI YES		
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0 2	S S S S S S S S S S S S S S S S S S S	MEDICAL	(IF EITHER NOTIFY MEDICAL I		e PLACE C		19	211 LOCATION				
VISIO	3 PHY stending the bury ond M	WEL	WHILE NOT WHILE AT WORK	[A		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
io	ATTENDING Spital or of CTOR: Afti for use as of Health		220.1 certify that (the	alive on 4	0.29	86 19	4	and that in (my) (soil) apinion	E, ta G. death accurred on the do	28, 19 ate and haur o	86, the	nat (I) (wa) lo ouses stated
	by the hos		274 PHYSICAN'S NAM	Ellel	m	0			MEDICAL STAF		6	28.8
	etoined by TO FUNER should be with the Str.		10000	N 20		ymo	1445.05.0	700 W.	Hon Street	+	2121	
		23m. E	BURIAL CREMATION REA	MOVAL 123b.	DATE	1 23c. 1	NAME OF C	EMETERY OR CREMATORY	230 LOCATION			

6/30/86

#8, FilmG617 7/21/86 kam

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

23e. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Cremation

4905 Yerk Road Balto.

Green Mount Henry W. Jenkins & Sons Co.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

> Balto., 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

CITY OR TOWN

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126. KIND OF BUSINESS OR

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The state of Y WALL ON THE THE Vhles 357, 27, 1905 Fernis i cil Vi inia E-Itimone Kerwick Home Homen Iden Con Home Balto. x 6 Uplan Ford 21010 ENY H Walker D. Stuart Carrie 215 50 2018 Elizabeth G. Nætthai, Ealto., Nu Carlo Delicare of Carlotte - Straight of the contraction taken to the contract to the contract of the Missett regger Hamilton and white

Water July 18th water July Williams Cramation e'ac/as Crean Mount Balto., . ND

Henry W. Jensy Con Co.

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		Item 16b	Filmo	6617 7/8/	80ja.	b STATE	OF MARYLAND				
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pog pog	3. SE	Κ .		RACE .		5. DATE O	G DE FRAM	6. AGE (IN YEARS LAST BIR	W.	IF UNDER I YEAR	IF UNDER 24 HRS
s offer.	1	male	1	white		MONTH	DAY YEAR	6-6	YRS.	ONTHS DAYS	HOURS MIN.
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filled in	13a. S Ma.	AL RESIDENCE (# NUR STATE ryland	HE HOME OR OTH		Y OR TOWN		13d. INSIDE CITY LIMITS? YES NOXXX	13. STREET ADDRESS . 1518 Les	ZIP CODE lie F	Rd. 21	222
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he love the permenence proves a	CERTIFICATION							YES NOT		ING CAUSES	
g physicial phys		21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MC P.M.		Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT   OR PART 2)	
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OR: Af			-	ottended the deceas		Y	. 19_86	6/6			that (1) (we) ast
ATTE ospita ECTC d for it. of m 21			id (did not) v	iew the body ofter de	oth.		d that in (my) our) pinion	death occurred an the d	ate and hour		
by the hy ERAL DIRI e detoche Stote Dep		226. SIGNATURE	yam .	I. Lorty	they .	M.D.	PEGREE ATTENDING PHYSICIAN [	MEDICAL STA		221. DATE	127/86
ro Hospital etained by 1 TO FUNERAL should be de with the Stote		22d. PHYSICIAN'S		I Levis	sky i	ns	??e ADDRESS				
BP		BURIAL, CREMATION, ISPECIFY) Buria	REMOVAL L	6/30/86	23c N Oa	ame of ci k La	METERY OR CREMATORY Wn Cemetery	23d. LOCATION	timor	Ceryir Ma	arylähd
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director Comhelly	Fune	ral Home	ADDRESS I	unda		E REC'D. BY REGISTRAR	1.0		URE PROJECTION

Andrew Comment of the Commen 

requires that the death certificate

TO HOSPITAL OR ALIENDING PHYSICIAN: The low retained by the hospital ar attending physician. 1 - STATE

page 3 ter death

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6	-	6
	REG. NO.		

6 0

DECEASED NAME FIRST  PPE OR PRINTS  Mary Kathe  SEX	A					
		MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
SEX	erine		HACKETT	June 29	1986	8:011
	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BIR		
Female	Whi	te Augr	ust 24, 1909	7	6 YRS	DATS HOURS M
BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY? 8	IED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DE	ATH
runswick, Mary		U.S.A. WIDOV	VED DIVORCED	Baltimon		
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOME H FACILITY, GIVE STREET ADDRESS) land General		Registered	PE WORKING LIFE) INDI	KIND OF BUSINESS USTRY Retired
DUAL RESIDENCE (IF NURSING HOME STATE 136 COI		GIVE RESIDENCE BEFORE ADMISSION  13. CITY OR TOWN  Baltimore	13d INSIDE CITY LIMITS? YES MO [	13e STREET ADDRESS 1722 Bol	zip code ton Stree	et - 2121
Jasper Ne	ewton	Harrison	15 MOTHER'S MAIDEN NAME FIRST FRANCES	WE	Bu:	rrows
WAS DECEASED EVER IN U.S.		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRE	SS	21234
(YES, NOOR UNKNOWN) (IF YES (	GIVE WAR OR DATES)	218-12-2245	A Bernard E.H	Mackett, Jr.	-2113 Wi	lker Ave.
Conditions, if any, which gave rise to immediate	DUE TO, O		otic cardiovas	cular disea	se with	
couse (0), stating the underlying cause last	(c)	R AS A CONSEQUENCE OF		fibrosi <b>s</b> ar		iomeagly.
underlying cause last  PART 2. OTHER SIGNIFICAN	T CONDITIONS CO		UT NOT RELATED TO THE TERM		DITION GIVEN IN P	
PART 2. OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	T CONDITIONS CO	DNTRIBUTING TO DEATH BUILDING FOR WHICH OPERATION FOR WHICH OPERATION FOR MONTH DAY YEAM.  19 OF INJURY OF INJURY	ON WAS PERFORMED  216 HOW INJURY OCCURE	200 AUTOPSY?  YES X NO RED (ENTER NATURE OF INJU	20b. IF YES, WERE IN CERTIFYING C YES X	FINDINGS USED AUSES OF DEATH?
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and isould be detached for use as the buriol-transit permit. Then please remove carbonpapers. Pages in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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MORTANT: If Item 21 is marked or Item 18 shaws any

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BEFF OUR TELEVISION OF THE COURSE OF THE

1				STATE OF MARYLAND		
8.6	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 6	1660
5 0		CE TIOLE THAT	Teresa MIDDLE	LAST HEITH	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	{ I Y PE	OR PRINT)	tertsa F.	BOOM		6/9/86 9:50
	3 SE)	(	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR
	F	200	White	Aug. 30. 1904	81	YRS
201	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED		OR COUNTY OF DEATH
50		Md.	U.S.A.	WIDOWED DIVORCED	D = 7 + 2	re City
46		Baltimore	11. NAME OF HOSPITAL, NURSIN (F.NOT IN SUCH FACILITY, GIVE STREET THE CONTROL OF THE STREET	10	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Housewi	OF WORKING LIFE) INDUSTRY
01	13e. S	STATE IN COUN		N 13d INSIDE CITY LIMITS	3 STREET ADDRESS	/ ZIP CODE
E)			ltimore Baltimo		528 Murdo	ck Rd., 21212
\$0	14. FA	THER'S NAME	MIDDLE	15. MOTHER'S MAIDEN	NAME	LAST
e k		Albert	Fessl	er Laura		Tracey
Sec.		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES)	JRITY NO. 17 INFORMANT	Burlingt	on, N.C. 27215
E	77	No	213-64	-1386 Ronald L		2909 Blanche Dr.
f. #		18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	ily one couse per line far (a), (b), on	diction	CHARLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
even			re CAUSE (a).	SEPTIC	SHOCK	
Ofic			DUE TO, OR AS A CONSEQU	ENCE OF		
000		Conditions, if ony, which	(b)	pred	YONIG	
er fr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
r of her		underlying cause last.	(c)			
ıjury, o	Z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	NDITION GIVEN IN PART 110
ony in	ATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20e AUTOPSY?	206 IF YES, WERE FINDINGS USED
\$	F				YES NOTO	IN CERTIFYING CAUSES OF DEATH?
sho s	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJU	
E 0		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR		
or the	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	211 LOCATION		
pa	ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.) STREET	CITY OR TO	OWN COUNTY STATE
HOL		270 Legitify that (1) (this base)	tol) ottended the deceased fram_	19	to.	
2		sow the deceased alive on	19		ion death occurred on the o	
ma Fin		above, (1) (we) (did) (did na 22b. SIGNATURE	t) view the bady after death.	——DEGREE		226 DATE SIGNED
± ±		Si Alia-	N. 01.	ATTENDIN	G MEDICAL STA	FF 1 1010
z —		22d. PHYSICIAN'S NAME (TYPE O	y a con	PHYSICIA 22e ADDRESS	DIRECTOR   PHYSI	CIAN 2 6/4/05
MPORTANT		4			VII DOOL	MAS N. TA
£	1	2019	um cut		1701400	NCOT-11 NO Z
	23a B	SPECIES	4 4 4 4	NAME OF CEMETERY OR CREMATO	CITY OF TOWN	COUNTY STATE
l l	4	Burial	6/11/86 H	arbaugh Church Ce	em. Washingt	on Twp. Franklin
	_		-			
7/84	_	UNERAL DIRECTOR	ADDRESS	50 8 Bread 0 250		25b. REGISTRAR'S SIGNATURE

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DHMH - 16 60M 7/84 (VRA 15, 4)

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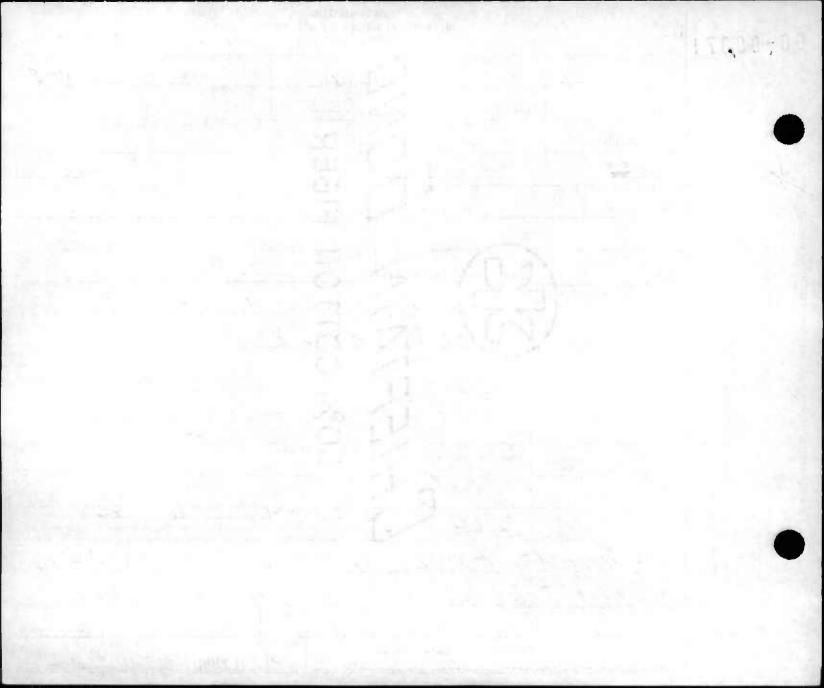
FOR

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG. NO.	į	6	6	0	8
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		REGISTRAR			CERTI	FICATE OF DEATH	10.	0 0	0 0			
		CEASED NAME FIL	RST	MIDDLE		LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR					
		ID	A		H	AMBURGER	JUNE 14, 1986			10 Am		
	3. SEX		4. RACE			OF BIRTH	6 AGE (IN YEARS LAST B			IF UNDER 24 HRS		
		FEMALE	WHITE		APR	. 14,1902 YEAR	84	YRS				
ē	7a. BIF	RTHPLACE (STATE OR FOREM	GN 76 CITIZEN O	76 CITIZEN OF WHAT COUNTRY?		ED NEVER MARRIED	9 BALTIMORE CITY		OT TITY	MD.		
1		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	OSPITAL, NURSING HOME OR OTHER INSTITUTION 5 CLARKS LA., APT. C			PALTIMORE CTTY  12a USUAL OCCUPATION 172b KIND OF BUSINESS (TYPE GENERAL MOST OF WORKING LIFE) INDUSTRY SALESLADY DEPT. S'				
-	130 S M	AL RESIDENCE (IF NURSING NITATE ARYLAND	HOME OR OTHER INSTITUTION COUNTY	N. GIVE RESIDENCE BEFO		138. INSIDE CITY LIMITS?	13e.STREET ADDRESS		, APT.	C 21215		
	14. FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA			LAST			
		LOUIS		DWARTZ		SARA			KRAM	1ER		
1		VAS DECEASED EVER IN L	J.S. ARMED FORCES? YES, GIVE WAR OR DATES!	MRS. LOIS BALSER								
	N			203-10.	1021	2221 SUGARCO	LTO. M					
		18 CAUSE OF DEATH (E	nter only one couse p	er line for (o), (b), o		celmone, y			APPROXIMA BETWEEN ON	ATE INTERVAL		
		PART I. DEATH WAS O	Fn	mecl.								
			ote the ost. DUE TO, (c)	OKV OR AS A CONSEQU CONTRIBUTING TO	JENCE OF	ASCVK		ndition giver	N IN PART TIO			
7	CERTIFICATION	190 DATE OF OPERATION	DITION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NOT YES NO						
٦	CER	210. ACCIDENT WAS UNDERLY		OF INJURY		21c. HOW INJURY OCCUR			T I OR PART 2)			
	AL	OR CONTRIBUTING CAUSE	COLDEVIN	A.M. MONTH [ P.M.	DAY YEAR	1000						
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY TREET FACTORY, OFFICE		211 LOCATION STREET	CITY OR T	OWN	COUNTY	STATE		
			/ .	14 10	SC	and that in (my) (our) opinion	4. to death occurred on the c	lote and hour c		oot (I) (we) lost ouses stoted		
		276 SIGNATURE DEGREE  OF CHANGE BENESS MEDICAL STAFF C/14/86										
		Samue II- BENESIH, M-P- 11 Slock Ave 2							1208	1		
	23a B	URIAL, CREMATION, REM	NOVAL 236. DATE	230	NAME OF	CEMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE		
		BURIAL	6/16	/86 Н	EBREW	FRIENDSHIP	BALTIM	ORE	MAR	RYLAND		
	24 FU	INERAL DIRECTOR SC	L LEVINSON		, INC	25a. DAT	E REC'D. BY REGISTRAL	256. REGISTRA	AR'S SIGNATUR	RE		
		6010 PETSTED				21215	N 1 0 1000	1.0. K	:4 70.			



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LAND 212	հոռ 24 հու	ly filled in should be
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21203	DING PHYSICIAN: The low requires that the death certificate be executed within 24 haurement from 4 may be or ottending physician.	: After this certificate has been signed by the attending physician and completely filled in 15, the limits all articles of secos the burial-transit permit. Then please remove carban papers. Pages I and 2 should be list a million with death
I., BALTIMO	ificote be e	physician or
RESTON S	e death cert	attending move carbo
5, 201 W. P	ires that th	gned by the
L RECORDS	e low requ	hos been si permit. The
N OF VITA	IDING PHYSICIAN: The I	certificate priol-transit
DIVISIO	DING PHY or offending	se os the bu

0 - 1	0784	FOR 1 - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6	6609						
	0 1 0 1	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR						
pe .	eoth	George V	Wesley Hamilto	June 27, 1986	8 P M							
HOY	o P	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE [IN YEARS LAST BIRTHDAY]	IF UNDER 1 YEAR IF UNDER 24 HRS						
4	offi	Male	White	September 15, 1908	77 YRS	MONTHS DAYS HOURS MIN.						
	1/2/	70 BIRTHPLACE   STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH						
1	/	Maryland	U.S.A.	WIDOWED X DIVORCED	Baltimore C	ity MD.						
KI	0	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR						
1/2	43 6	Baltimore	3646 Keystone	Avenue	Maintenance	Apt Bldg						
24 hair	filled in ould be must be	USUAL RESIDENCE IF NURSING HOME OF 136 STATE 136 COU		'N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CON 3646 Keystone							
within	2 sh	14 FATHER'S NAME Robert Ha	milton LAST	15. MOTHER'S MAIDEN NA		LAST						
t ded	du do	160 WAS DECEASED EVER IN U.S. A			an Jean ADDRESS							
Š Š	Poges medical	(YES NOOR UNKNOWN)   IFF YES GIVE WAR OR DATES)   218 10 5103   Rosalie L. Evans   Same										
ON SI., BALL	nding physicia carban papers , or removal. notic event, the	PART 1. DEATH WAS CAUS	nly one couse per line for (a), (b), on ED BY: ITE CAUSE (a)	tota CA off	crofto	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
W. PRESION	by the atte ose remove ol, cremation r other traun	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF	300							
PRDS, 201	en signed Then ple or to burio		ASCYD + P	DEATH BUT NOT RELATED TO THE TERM	AP PVD							
DIVISION OF VITAL RECORDS,	re hos be sit permit giene price shows on y	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	Cont Aupto	YES NO	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO						
CIAN	og physicertificat riol-tron entol Hy frem 18 s			19	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)						
IVISION IG PHYS	ter this is the bundand Mind Mind Mind Mind Mind Mind Mind Mi	OR CONTRIBUTING CAUSE OF DI  (IF EITHER NOTIFY MEDICAL EXAMINI  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM ETC ) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE						
ENDIN.	OR: Af OR: Af or use o f Health	22a.1 certify that (1) (this hosp saw the deceased alive	ontol) attended the deceased from	and-thot (n/my) (our) opinion	death occurred on the date and he	19 E , that (I) (we) last						

to FUNERAL DIRECTO should be detoched for with the State Dept. of IMPORTANT. If them 21 230 BURIAL, CREMATION, REMOVAL Burial

22b. SIGNATURE

22d PHYSICIAN'S NAME

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

ATTENDING PHYSICIAN

600 W. Northern Pkwy Baltimore, Md. Sykesville, Carroll Co., MD

07/01/86 Lakeview Memorial 24 FUNERAL DIRECTOR

22c DATE SIGNED

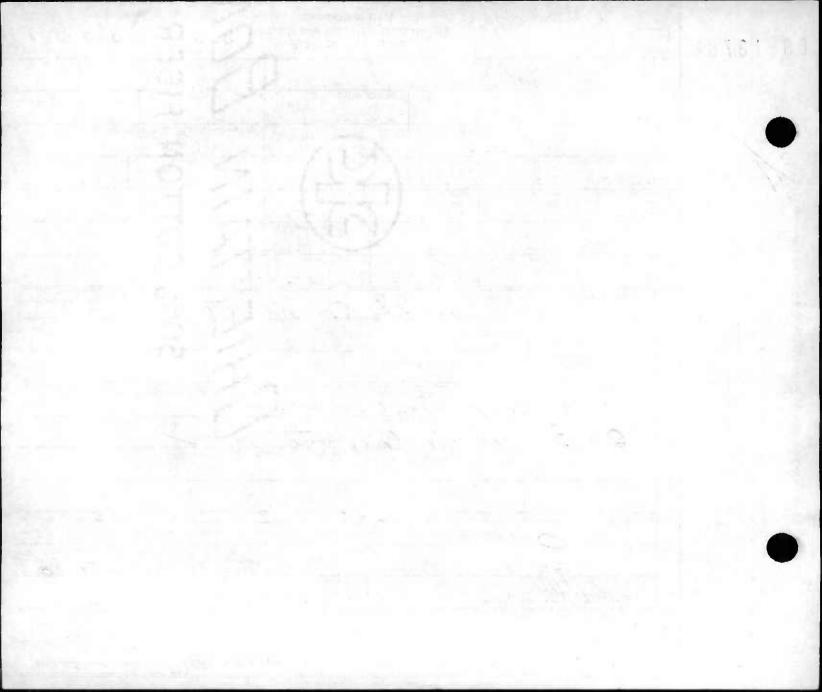
Dr. Harry S. Stevens

Burgee-Henss Funeral Home, Baltimore, Md 21211

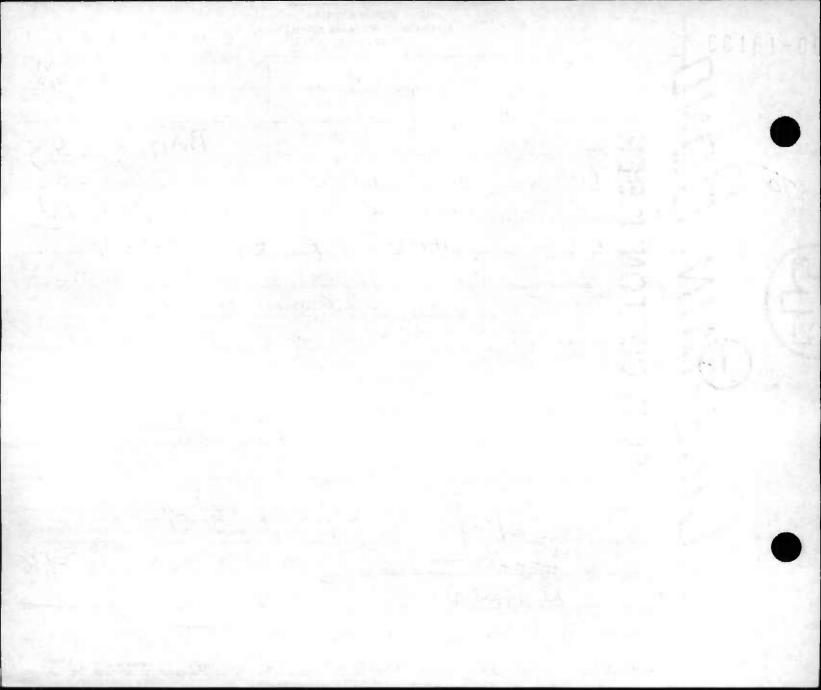
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DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)



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	r, po	1090	3 SEX		4. RACE		S. DATE O		6 AG	E (IN YEARS LAST BIRTH	IDAY)	IF UNDER 1 YE	AR IF UN	DER 24 HRS
-	cto	-	1	Male	Whi	te	Nov		7.	68	YRS.			
	100	21	7a BI	RTHPLACE (STATE OR FORE	IGN 76 CITIZEN	OF WHAT COUN	MARRIE	D NEVER MARR	IED - 9 BA	LTIMORE CITY OF	COUNTY	OF DEATH		0
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ē/A	of the line of the	43	10. CI	BA (TI		OF HOSPITAL, N	URSING HOME ( STREET ADDRESS)	BACT:	{ TYPE	JSUAL OCCUPATION OF WORK FOR MOST OF Tehouse (	WORKING LIF			City
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ON I	7 10	25			Baltimore		nsville	YES NO		35 Cherry			. 212	28
7.	12	1.0	IJ FA	THER'S NAME	MIDDLE	LAS		15. MOTHER'S MAI	DEN NAME	AUDIDLE		12	1467	-
M.A.	p 100	/100	/	Corson	Roland		et, Sr.	Stel	la	MIDDLE		Ric	gby	
OK OK	00 F	30		AS DECEASED EVER IN	U.S. ARMED FORCES	S? 166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRES	5			
DW1	8 D D	1		No	E TES GIVE WAR ON DATES		3-9572	Jeffrey	Hamlet,	259 Whit	aker	Rd.,	2112	22
8AL	hysica poperi	ent, the		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY:	per line for (a), (	bi, and ici	Dela	non	ornes	-	BETWE	EN ONSET	NTERVAL AND DEATH
15	10 g g ll	100		IM	MEDIATE CAUSE (a)		THE C	1	1	,				
0	900		- 3	Conditions if any		OR AS A CONS	SEQUENCE OF	5 G L	will	Sicla				
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*	5 65	15)		underlying cause		OR AS A CONS	SEQUENCE OF	tos 6	ene	,				
201	1			PART 2 OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING	3 TO DEATH BUT	NOT BELATED TO T	HE TERMINAL I	DISEASE OR COND	ITION GIV	FN IN PART	100	
SQL	Day of	orior to the	NO.	4/7	0/01	201111111111111111111111111111111111111	<u> </u>	THE RESIDENCE TO T		JIGENGE ON CO. 10	11011011	E. C. II. T. A.C.		
DIVISION OF VITAL RECOR	w ra		FICATI	190 DATE OF OPPRATIO	19b. CO	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20	AUTOPSY?		, WERE FIN		
I RE	has per	ows /	TE	4/29	1861	Cara.	wow	a U. Ble	The ye	S NON		YING CAU		EATH?
ATI/	ysio ysio	10/	CERT	210. ACCIDENT WAS UNDERL		E OF INJURY				ENTER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART	2)	
**	A THE	19 19		OR CONTRIBUTING CAUS	SE OF DEATH	P.M.	DAY YEAR							
NO I	HYS MGR BC BC BC	* */	MEDICAL	214 INJURY OCCURRED	21e. PLA	CE OF INJURY		21f LOCATION		CITY OR TOW	(N	COUNTY		STATE
VIS	of a sta	4	×	WHILE NOT WHILE	- TAT HOME	E, STREET, FACTORY, C	PEFICE, FARM, ETC.)	1 1	form (	0/-	1			
0	Ath o st	and		220.1 certify that (I) (th	is hospital) attended	the decessed f	ram 2/5	1/27/,19	16.1	6/2	2/	19_	5, that (	It (we) last
	10 P	2 G		saw the deceased of	alive an	ndy after Heath	19_10,8	d that in (my) (aur)	opinian death	occurred on the do	e ond hou	ond from	the couses	s stated
	A SE PA	1		276 SIGNATURE	1	1		DEGREE				22c D/	ATE SIGN	ED IT
	A A Do	T. W	37.5		tec	3		ATTEN		DICAL STAFI		. 6	5/2	2/16
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	etoined of TO FUNE	with the State		Y	N. Br	AM	0	5.	13.6	17.				
	D 45 D 48	3 3	23a E	URIAL, CREMATION, REA	MOVAL 23b. DATE		23c. NAME OF C	EMETERY OR CREM	ATORY 23	d LOCATION				
	BP			Crematic	n 6/2	1/86	Securit	y Process	Crem	Catonsvi]	lle I	Balto.	M	Id.
	DHMH - 16 6	VOAA 7/84		INERAL DIRECTOR					25a. DATE REC					
	(VRA 15		Н	ibbard Funer	al Home.	Inc., 4	107 Wilk	ens Ave.	JUN	23 1986	jumai	undan	Mook	منطقه
									, , , , ,		1			



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH Zh HOUR DECEASED NAME FIRST TYPE OR PRINTE JOSEPH HAMMERSMITH 6: 30 A JUNE 21, 1986 W. 7. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH Aug. 16, 1922 63 Male White **BALTIMORE CITY OR COUNTY OF DEATH** HIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED U.S.A. Minnesota BALTIMORE DIVORCED WIDOWED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION O CITY OR TOWN OF DEATH 12n LISUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY JOHNS HOPKINS HOSPITAL BALTIMORE Retired Balt. Gas & Elec Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Ellicott City 9214 Old Frederick Rd 21043 COUNTY 13d. INSIDE CITY LIMITS? Maryland Howard 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME Straubi George J Hammersmith Theresa ADDRESS 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 213 18 6681 Mrs Tina Hammersmith 9214 Old Frederick Rd 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARDIOPULMONARA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cherve Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE spen Heart underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 28g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? MITEAL STEERESSOS 20 NO YES | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOT IFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e, PLACE OF INJURY OFFICE SOME (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (I) (this hospital) attended the decorated from sow the deceased alive on abave, (1) (we) (did) (did not) view the bady of the south , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated DEGREE 22r. DATE SIGNED 27h SIGNATURE MEDICAL STAFF MD mo PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN S NAMI 600 WOLFE STREET BALTIMORE, MD. 21205 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMOVAL 23d LOCATION Burial June 24, 1986 Crestlawn Gardens Howard Maryland 24 FUNERAL DIRECTOR Harry H Witzke & Family Funeral Home 250 DATE REC'D. BY REGISTRAR'S SIGNATURE

Inc. 4112 Old columbia Pike Ellicott City

DHMH - 16 60M 7/84 (VRA 15, 4)

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and direct pope 3	3. SE	CEASED NAME OR PRINT)  X  TENUL  RTHPLACE (STATE OR F COUNTRY)	FIRST  4 RACE  OREIGN 7b. CITIZEN	MIDDLE  OF WHAT COUNTR	S. DATE OF E	DAY YEAR	6. AGE (IN YEARS	LAST BIRTHDAY)  YRS  CITY OR COUNTY	FUNDER LYEAR	6 30 A M
24 hours after dear filled in by the sound and be their	USU	3ald som		NSUCH FACILITY, GIVE STR	ORE ADMISSION)	other institution	HOUSI	MOST OF WORKING LIFE	12b. KIND OF INDUSTRY	HOME
be executed within no and completely the medical examples for the medical examples.	160 \	ATHER'S NAME FIRST  AND ONE PROPERTY OF THE PR	MIDDLE IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE		CURITY NO. 17	MRS. SUSAN	AME	ADDRESS	JRGIS PI	21208
res that the death certificate and by the attending physical please remove carbon paper burial, cremation, or removal.		Conditions, if ony, gove rise to immediate (a), storin underlying couse	which which lost.	D, OR AS A CONSEC D, OR AS A CONSEC D, OR AS A CONSEC	DUENCE OF CELL	Sepsis Linora	faile	re		ATE INTERVAL
VISICIAN: The low require ding physician. s certificate has been sign burnal-transit permit. Then permit frem 18 show gapy injury.	CAL CERTIFICATION	Adult Comments  190 DATE OF OPERA  210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	DERLYING   HOUL	Synlore, S ONDITION FOR WHI	effsta CHOPERATION	OT RELATED TO THE TERY  THE POLICE  WAS PERFORMED  THE HOW INJURY OCCUP	200 AUTOPS YES   N	72 JUNE VES.	WERE FINDING ING CAUSES O	S USED F DEATH? NO
DRISTON S ATTENDING PHYS thospital or attending IRECTOR, After this ched for use as the bu- ched for use as the bu- bept. of Health and M.	MEDICAL	sow the decease	(this hospital) attende	11.9 19	n S , ond t	ILLOCATION STREET  19  1hot in (my) (our) opinion  GREE  ATTENDING	to	STAFF > 2		P-12
TO HOSPITAL ( TO FUNERAL II With the Store II IMPORTANT, IF		27d. PHYSICIAN'S NA	sell Q	Delui	2	PHYSICIAN Re ADDRESS SETERY OR CREMATORY	- GCCP	PHYSICIAND	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 6/22/86 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

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## STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20 DATE OF DEATH MONTH JUNE 22, 1986 RUTH **HANNES** 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MAY 31, 1911 YEAR 75 FEMALE CAUCASIAN TO BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY BALTO CITY U.S.A. **GERMANY** 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 120 USUAL OCCUPATION merchant working life INDRETAIL CRESTHETCHTS RD. 21215 BALTO USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION, 13d INSIDE CITY LIMITS? 13 432 TACRESTHE FORTS RD. 21215 MD YES [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME JULIUS BERTHA BACH 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 130-12-8397 MR. WOLFGANG HANNES 4321 CRESTHEIGHTS RD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

CERTIFICATION IN CERTIFYING CAUSES OF DEATH? NO 218. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY OFFICE, FARM ETC ) WHILE AT WORK NOT WHILE 22a. [ certify that it (this hospital) attended dedeased from and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated d) (did not view the body after death 22b. SIGNATURE DEGREE M.D. ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22 drPHYSIGIAN'S DIAME LYPE OR PRIM

DHMH - 16 60M 7/84 (VRA 15, 4)

ld be detach the State De

MPORTANT

230 BURIAL, CREMATION, REMOVAL (SPECIFY BURIAL

236 NAME OF CEMETERY OR CREMATORY
CHEVRA AHAVAS CHESED

M.D.

PARK Heights Ave.

RANDALLSTOWN X BALTO

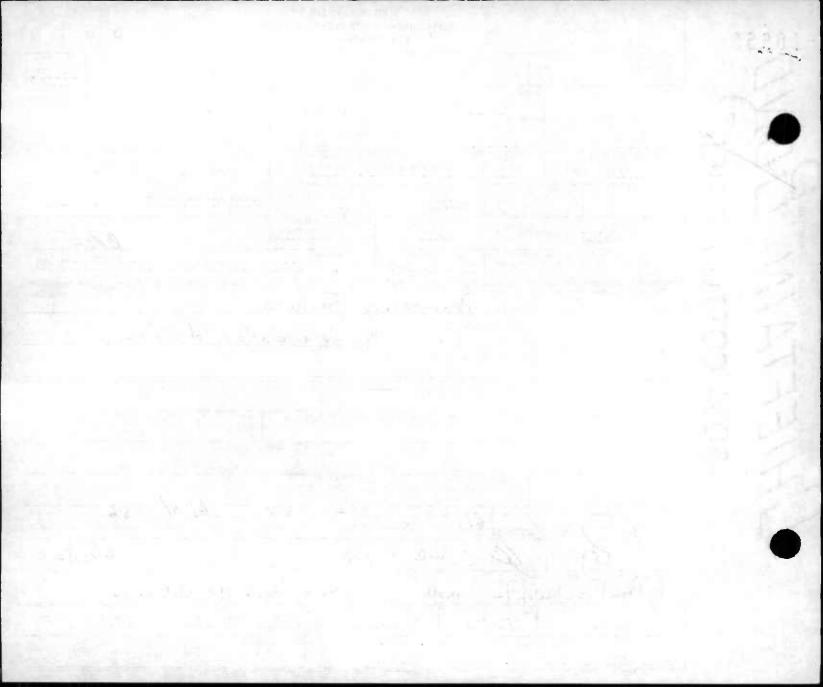
MD

FUNERALDIRECTOR SOL LEVINSON & BRUS., INC. 6010 REISTERSCOWN RD. BALTO, MD 21215

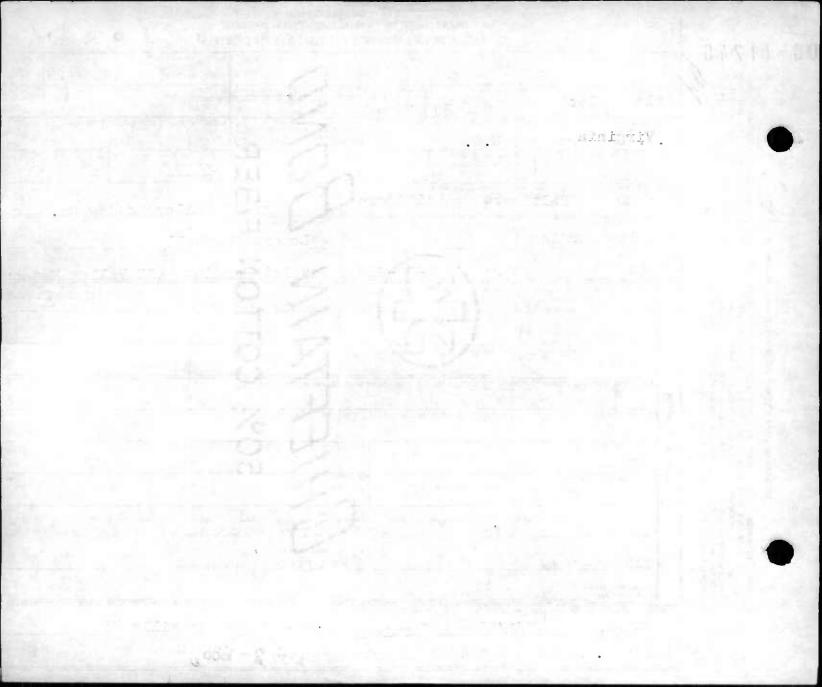
23b. DATE

6/24/86

250 DATERE DAY REGISTRAN 256 REGISTRAN'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR 20. DATE KNOWN XX MONTH DECEASED NAME OF DEATH MATED 6-27 19 86 Maurice Harding L 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS 2c. DATE Male YEAR LAST BIRTHDAY) 11:55 Black PRONOUNCED 26 30 56 19 86 a. M 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH IN BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Virginia Baltimore City, A CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS Baltimore 1200 blk. Whatcoat Street Towson 130. STATE MID Harry Imore 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 407 Valley Meadow M FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST Maurice Harding Lenora Campbell 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES NO. OR UNKNOWN) 221-20-2285 years Fazilet Harding 407 Valley Meadow APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic Cardiovascular Disease DUF TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID 19n. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOXX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. THE LOCATION STREET, FACTORY, FARM, ETC 1 CITY OF TOWN STATE COUNTY WHILE AT WORK Inspection XX PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S 220 I certify that I took charge of the remains described phase, held an and in my opinion Natural causes X death resulted from: Hamicide . Undetermined manner TUTLE (SPECIFY) 6-28-86 EXAMINER'S NAME Dennis F. Smyth, ADDRESS 111 Penn St., Balto., Md. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 7/1/86 Forest Owings Mills 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Dyett & Son Liberty Hgts **DHMH - 17** (VR A15 ME (5))



APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 19\_36\_, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c. DATE SIGNED 23c NAME OF CEMETERY OR CREMATORY Baltimmore City Maryland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR helin inviden fondalle

2h HOUR

12b. KIND OF BUSINESS OR

Optical

Yesker

IE LINDER 1 VEAR

4:35P

IF LINDER 24 HRS.

BP. DHMH - 16 50M 4/B2

(VRA 15, 4)

6-27-86 24 FUNERAL DIRECTOR Mitchell-Wiedefeld Home 6500 Fork Road 21212

Greenmount

23e. BURIAL, CREMATION, REMOVAL

Cremation

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June 25,86 e GrBalb. 19	S	Y dr	11150	is a little	८ भूक्षेत्र

1-~-

L DIRECTOR. YOUR FILES. N 72 HOURS BALTIMORE, MD. BURIAL - T ED AS A E ICAE, WRITING THE WOULD FE CARE WARDED TO THE CHIEF W TOR: PAGE 3 SHOULD BE USED / HE STATE DEPARTMENT OF HE NAME / 1201 PRIOR TO BURIAL, USED / EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SITE BAILTMORE, MARYLAND, 2

- STATE	REGISTRAR DECEASED NAME	FIRST	MIC
FOR			ME
	FOR		

Rodnev

(TYPE OR PRINT)

Rudolph

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DICAL EXAMINER'S CERTII

Harper IF UNDER TY

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	9	S. Fr	Or	KNOWNX	MONTH	DAY	YEAR	26 HOUR
-			DEATH	MATED	6-	-29	19 86	A
R.	IF UNDE		2c. DATE		MONTH	DAY	YEAR	24 HOUR
	Hours	MIN	PRONOUI DE AC		6-	-29	10 86	a. M

9. BALTIMORE CITY OR COUNTY OF DEATH

SEX	4 RACE	5. DATE OF	BIRTH	YEAR	6. AGE		
Male	Black	1		1962	-	YRS.	MONTH
BIRTHPLAC		76 CHIZEN	OF WH	AT COU	NTRY?	8	MARRIE
larylar		U.	S.	Α.		W	/IDOWI
CITY OR TO	WN OF DEATH	11. NAME			URSING H		ROTHE
Balt	imore				Joton		ceet

MARRIED NEVER MARRIED X WIDOWED DIVORCED OR OTHER INSTITUTION

Baltimore City 126 USUAL OCCUPATION LTYPE OF WORK

Helper

NO Baltimore, Maryland

12b KIND OF BUSINESS OR INDUSTRY Auto Shop 13e. STREET ADDRESS 752 Dolphin Street

	COUNTY	13c. CITY OR TOWN Baltimore
FATHER'S NAME	MIDDLE	LAST

15. MOTHER'S MAIDEN NAME Joan

Crawford 752 Dolphin Street

160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No.

Mrs. Joan Harper CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

Stab Wound of Chest

17. INFORMANT

Md. 21217 Baltimore. APPROXIMATE INTERVAL

Conditions, if any, which gave rise to immediate couse (a) stating the underlying cause last

PART I DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

Harper

16h SOCIAL SECURITY NO

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T IN

Darryl

19h CONDITION FOR WHICH OPERATION WAS PERFORMED?

20 AUTOPSY? YES XX NO

210. EXTERNAL CAUSE WAS

19g DATE OF OPERATION

214 INJURY OCCURRED

death resulted from

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 2:17xx

1986 21e PLACE OF INJURY (AT HOME

subject was stabbed

IL LOCATION

Lanvale & Upton St., Baltimore, Maryland

WHILE AT WORK AT WORK

22a. I certify that I took charge of the remains described above, held an ccident

street

6-29

Autopsy XX Suicide

Homicide XX Undetermined manner

216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

Assistant MEDICAL EXAMINER

6-29-86

EXAMINER'S NAME 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

Dennis F. Smyth, M.D.

7/3/1986

Natural couses

23c. NAME OF CEMETERY OR CREMATORY Kings Memorial Park

23d. LOCATION

Baltimore, Maryland

24 FINDER FUNERAL HOME, INC. **DHMH - 17** 2501 GWYNNS Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))

Burial

TITLE (SPECIFY)

256 REGISTRAR'S SIGNATURE

111 Penn St., Balto., Md. 21201

07/84

# 00-09760 2 hours ofter death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND, 1720 TO FUNERAL DIRECTOR: After this certifical in his been righed by the attention is about be detached for use as the buriol-train farming from the form the Store Dept. of Health and Mental Hygiene prior to buriol, communation in the Store Dept. of Health and Mental Hygiene prior to burion, communation in the Management of the store of the training the store of the training to the store of the training the store of the s TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the hospital or ottending physician

FOR DEPARTMENT OF HEALTH REGISTRAR CERTIFICAT

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

5704	2	9	1	1.
3	6	- 1	0	O
	REG. NO.			

Male  Male	(IF NOT IN SUCH F Luthe	S. DATE ( MONT)  HAT COUNTRY? 8  MARRIE WIDOW  SPITAL, NURSING HOME ( ACILITY, GIVE STREET ADDRESS)  ran Hospita	OR OTHER INSTITUTION	AMARRIED   PALTIMORE CITY OR COUNTY OF BALTIMORE CITY OR COUNTY OF BALTIMORE, CITY ITIUTION   120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)    ENTY LIMITS?   130 STREET ADDRESS / ZIP CODE 740 Poplar Grove S MAIDEN NAME FIRST   MIDDLE WALKED ANT   ADDRESS    EMIA SMITH 2119 Hollins Standard Physician   200 AUTOPSY?   200 IF YES, WIN CERTIFY IN YES   NO WIN CERTI	F UNDER 1 YEAR OF DUNDER WHIN MONTHS DAYS HOURS MIN YRS.  UNITY OF DEATH  City M  1726. KIND OF BUSINESS O	
Male  IPLACE (STATE OR FOREIGN  IT.  OR TOWN OF DEATH  Altimore  ESIDENCE (# NURSING HOME OR  TE  I.  ER'S NAME	Black 76 CITIZEN OF WE  USA 11. NAME OF HO  (IF NOT IN SUCH F  Luthe	SPITAL, NURSING HOME ( ACILITY, OIVE STREET ADDRESS)  TAN HOSPITA  BY CONTROL OF THE STREET ADDRESS)  CONTROL OF THE STREET ADDRESS ( CONTROL OF THE STREET ADDRESS)  CONTROL OF TOWN	OF BIRTH  9/21/13  ED NEVER MARRIED DIVORCED DOR OTHER INSTITUTION  1	6. AGE (IN YEARS LAST BIRTHDAY) 72 9 BALTIMORE CITY OR COL Baltimore, 12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	IF UNDER 1 YEAR IF UNDER WHEN MONTHS DAYS HOURS MIN YRS.  PUNTY OF DEATH  City  MX  17b. KIND OF BUSINESS O	
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TE 13b. COUN		BL CITY OR TOWN	136 INSIDE CITY LIMITS?	1		
d.  ER'S NAME	113		130 INSIDE CITY LIMITS?		CODE	
ER'S NAME			YES TO NO I	740 Poplar G	rove St. 21227	
			15 MOTHER'S MAIDEN NAM		2010 50. 22227	
	MIDDLE	LAST			£AS7	
John	Harris		Sallie	W	alker	
DECEASED EVER IN U.S. AR	MED FORCES? 16	SOCIAL SECURITY NO	17 INFORMANT			
NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	249-05-8104	Garcemia Smi	th 2119 Holli	ns St.	
			- Carocinza sina			
CAUSE OF DEATH (Enter on	ly one couse per lin			444	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
		CARDIOR	respiratory	1600851		
		ACLY SING PAIN				
	DUE TO, OR A	S A CONSEQUENCE OF	104 Care	5///20		
Conditions, if ony, which (b) PULLEDRIBY EMBOLITM						
use 101, stoting the DUE TO, OR AS A CONSEQUENCE OF						
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110						
DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATIO	ON WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?	
6/9/06	CLOTT	ER RY P	NES GENET	/		
ACCIDENT WAS UNDERLYING			1216 HOW INJURY OCCURR			
_	110110 111		THE	CD TENTER INTONE OF INTONE IN THE	DA 10 1 AN 1 ON 1 AN 12)	
IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19				
INJURY OCCURRED			211 LOCATION	CITY OR LOWIN	COUNTY STATE	
WHILE NOT WHILE	(AT HOME STREET	FACTORY, OFFICE FARM ETC )	318661	CIT ON TOUR		
	- 10	1	2/11	6/5/8	7-	
WORK AT WORK					0, 19 that (I) (we) lo	
a I certify that (I) (this hospi	// 1	1/2/0 //	17	, 10		
a I certify that (I) (this hospi sow the deceased olive on	6/)	18619	ind that in (my) (our) opinion d	deoth occurred on the date on		
a I certify that (I) (this hospi	6/)	18619	and that in (my) (our) opinion d	deoth occurred on the date on		
a I certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no	f) view the body of	ter deoth.	DEGREE ATTENDING _	MEDICAL STAFF _	22c. DATE SIGNED	
al certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no b. SIGNATURE	1 elle	ter deoth.	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF _	22c. DATE SIGNED	
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al certify that (I) (this hospi sow the deceased alive on above, (I) (we) (did) (did no b. SIGNATURE	PRIMA CORRE	4 23¢ NAME OF C	DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	122c. DATE SIGNED  (S) 19/10  (HOSP IF M.	
	CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT onditions, if ony, which love rise to immediate ouse (o), stoting the inderlying couse lost.  ART 2 OTHER SIGNIFICANT OF THE OF OPERATION OPERATION OF OPERATION OPPORTUNITY OF OPERATION OP	CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR A onditions, if ony, which love rise to immediate duse (o), stofting the nderlying couse lost.  ART 2 OTHER SIGNIFICANT CONDITIONS CON  DATE OF OPERATION 196 CONDITIONS  CLOPP  ACCIDENT WAS UNDERLYING 196 CONDITION ACCIDENT WAS UNDERLYING 196 CONDITION ACCIDENT WAS UNDERLYING 197 CONTRIBUTING 201 CONTRIBUTION 201 CONTRIBUTING 201 CONTRIBUT	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Out TO, OR AS A CONSEQUENCE OF onditions, if ony, which love rise to immediate ouse (o), storing the nderlying couse lost.  Out TO, OR AS A CONSEQUENCE OF  OUE TO, OR A	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic part I. Death Was Caused by:  IMMEDIATE CAUSE (o)  Onditions, if ony, which love rise to immediate duse (o), stating the inderlying couse lost.  ODUE TO, OR AS A CONSEQUENCE OF DUE TO, or as a CONSEQUENCE OF CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERM OF THE CONTRIBUTION WAS PERFORMED  DATE OF OPERATION  ODATE OPERATION  ODATE OF O	CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF Over rise to immediate ouse lost.  ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION  DATE OF OPERATION  DATE OF OPERATION  ACCONTRIBUTING CAUSE OF DEATH OUT ON A SUMPLY OF COURRED  ACCONTRIBUTING CAUSE OF DEATH OUT ON A SUMPLY OF COURRED  ACCONTRIBUTING CAUSE OF DEATH OUT ON AND MONTH DAY YEAR  P.M.  211 LOCATION  211 LOCATION  211 LOCATION  211 LOCATION  211 LOCATION	

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BP.



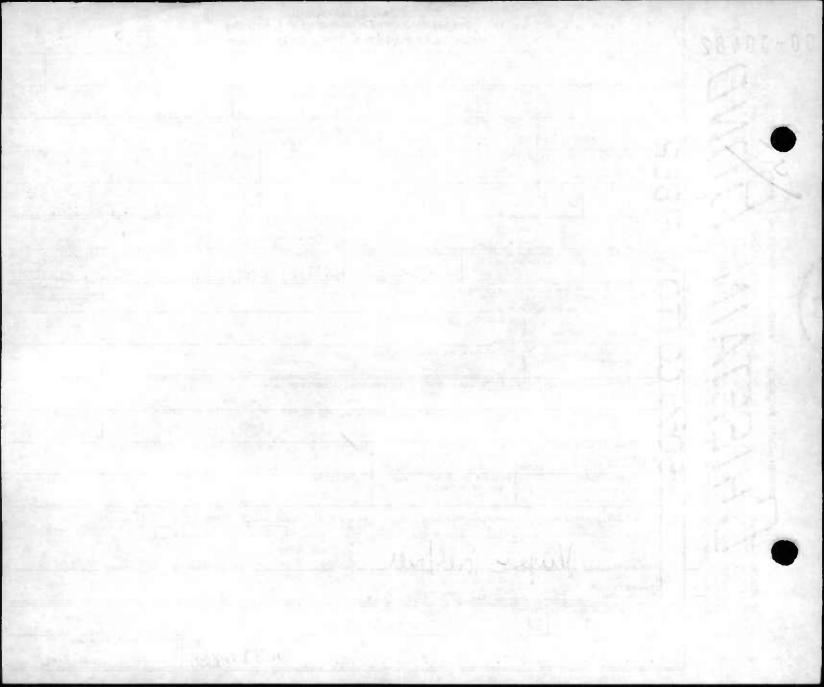
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN X (TYPE OR PRINT) OF ESTI-E. DEATH MATED Mabe] Harris 19 3. SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE 7:184 LAST BIRTHDAY) PRONOUNCED 15 23 63 DEAD 3/ 19 86 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED Virginia USA Baltimore City, WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Johns Hopkins Hospital Baltimore Housewife SUAL RESIDENCE (IF IN NURSING) DAE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13h COUNTY 13¢ CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Hampton 2211 La Guard Dr. flampton, A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Walter Brown Dora Brown 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Virginia (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES! 218-22-5951 William Harris 2211 LaGuard Dr. Hampton APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o)\_\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, il ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN THE RECECUTED THE CREATIFICATE, WRITING THE WORD."PERDING" IN PENCI. IN TEMPLE PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRA ISTI FERM AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE SALTIMORE, MARYLAND, 21201 PRIOR TO BÜRRAL, CREMATION, OR PRIMOVAL lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ KYON 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED ZII. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 22a I certify that I taok charge of the remains described above, held on Autopsy and in my opinion death resulted from: Suicide Homicide \_ Undetermined monner Notural causes Accident TITLE (SPECIFY) ACTUAL DATE SIGNED 6/14/86 ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME 111 Penn St. Korell, M.D. (TYPE OR PRINT) 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 73r NAME OF CEMETERY OR CREMATORY COUNTY STATE Burial 6/17/86 Church Cemetery Hampton VA 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

DHMH - 17 (VR A15 ME (5))

Wm. C. March F/H, Inc. 1101 E. North Ave.

JUN 1 6 1986



# MARYLAND 2120 BALTIMORE PRESTON 3 201 DIVISION OF VITAL RECORDS,

### STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 0 CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT MARRISON CARLOTTA 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YEAR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED Himore Himore WIDOWED ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) UAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE ORTOWN 13d. INSIDE CITY LIMITS? 3705 EllamonT Rd md Himore NO F 14 FATHER'S NAME MIDDLE Ji bsor ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) 3705 Ellamon 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY IMMEDIATE CALL UE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [ YES [ Hygie 216. TIME OF INJURY 710 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED CITY OF TOWN COUNTY STATE AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET AT WORK AT WORK 220.1 certify that (I) (this hospital) attended the deceased from\_ 63 saw the deceased alive on 6 - 27 . and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22 DATE SIGNED ATTENDING MEDICAL STAFF be deta e State FUNERAL PHYSICIAN DIRECTOR PHYSICIAN ould be der 22d PHYSICIAN'S NAME (TYPE OR PRINT) 0 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

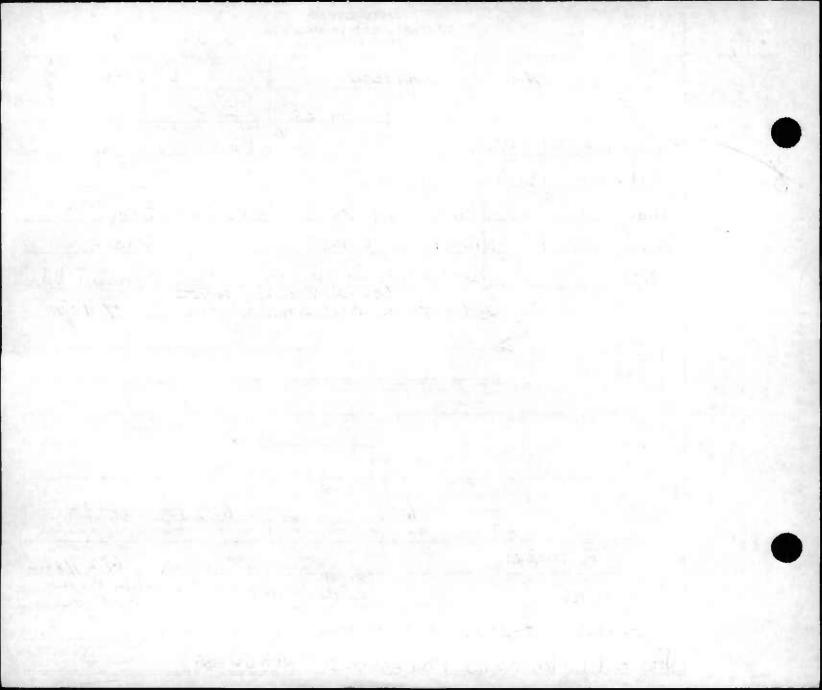
24 FUNERAL DIRECTOR

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rina Devideon Handelle

COUNTY



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	HAZEISON, GEORGE A	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter death. Page 4 may be	efouned by the hospital or offending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours ofter death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR

REGISTRAR

Male

(STATE OF FOREIGN

**GEORGE** 

13h COUNTY

Luturner Harrison

PART I. DEATH WAS CAUSED BY:

230 BURIAL CREMATION, REMOVAL

Ruri 21 24 FUNERAL DIRECTOR

None

MIDDLE

IMMEDIATE CAUSE (o)

HM1-

6/9/86

236 DATE

Law Funeral HOme 4611 Park HEights Ave.

4 RACE

DECEASED NAME

- STATE

(TYPE OR PRINT)

7a BIRTHPLACE

13e. STATE

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DHMH - 16 50M 4/83 (VRA 15, 4)

Md

14. FATHER'S NAME

N.C.

CITY OR TOWN OF DEATH

BALTIMORE

3 SEX

### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 0 CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH MONTH 26 HOUR 5, 1986 6:38 P HARRISON JUNE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNIOER 24 HRS. MONTH YEAR 1/1/1939 47 **Black** Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIETE XXXX BALTIMORE CITY U.LS.A. WIDOWED DIVORCED MD NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING HEE INDUSTRY JOHNS HOPKINS HOSPITAL Retired ------0-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4111 Belle Ave. Baltimore, Md. Baltimotes of NO [ 15 MOTHER'S MAIDEN NAME LAST Martha Ann Bullock 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Lillie Harrison, 4111 Belle Ave. 21215 250-62-1870 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) SHUCIC 20 uninte ARYSTOCE

TO JOHNS HOPKINS HOSP. BALTO 21205

COUNTY

STATE

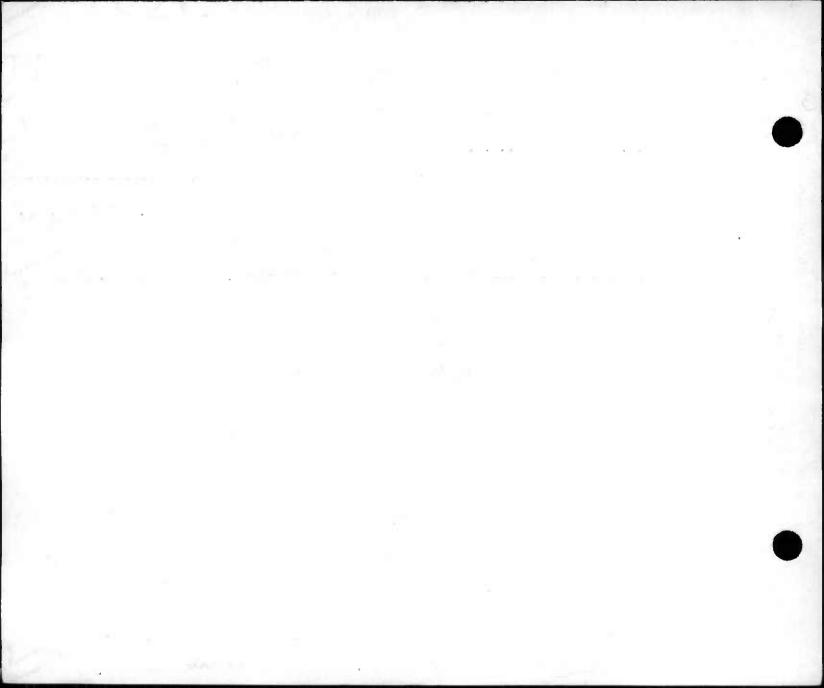
23d LOCATION

CITY OR TOWN

Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (b) SEPSIS  DUE TO, OR AS A CONSEQUENCE OF  (c) PULHONARY	MYPERT	ENSION		
PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	lio
19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	LY IN ITEM TS PART T OR PART 2	n
21d INJURY OCCURRED  WHITE NOTWHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	wn county	STATE
270. I certify that (I) (this hospital) sow the deceased alive an above, (I) (we) (did) (did not) v 27b. SIGNATURE	iew the body ofter death.	d that in (my) (our) opinio	MEDICAL STAF	ote and hour and from t	that [II (we)] the couses stated
22d PHYSICIAN'S NAME (TYPE OR PE	The contract of the contract o	PHYSICIAN 22e ADDRESS		IAN	7./00

23c NAME OF CEMETERY OR CREMATORY

Mt Auburn Cemetery | 250 DATE REC'D.



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DIVISION OF VITAL RECORDS, 261 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m , the hospital or attending physician.	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, fetached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filed within 72 hours that Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical examiner must be notified as
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<u>a</u>	F	AAL DIRECTOR: After this certificate has been signed by the attending physical fetached for use as the burnal-transit permit. Then please remove carbon papers, tate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Po /
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FOR - STATE REGISTRAR

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
-	IAST 2a DA

E S S REG. NO.	6	Ö	2	4
06-07-86	DAY	YEAR	2b HOU	JR M
AGE IN YEARS LAST BIRTHOAY	IF UNDE	RIYEAR	IF UNDER	24 HRS
54 YRS	MONTHS	DAYS	HOURS	MIN
SALTIMORE CITY OR COUNT	Y OF DE	ATH		
Baltimore 6: USUAL OCCUPATION DE OF WORK FOR MOST OF WORKING LI	I T V 12h. FEI IND		F BUSINI	MD. ESS OR
street Address 740 Poplar (	6	210	115	0
ADDRESS BO	and	LAST		_

	CEASED NAME	FIRST	A	AIDDLE	l	AST	20. DATE OF DEATH M	ONTH	DAY YEAR	2b HOUR
(TYPE	OR PRINT)	Hild	da Eul	a Harri	son		06-07-8	6		м
a SE	X	4	RACE		5 DATE C		& AGE JIN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
-	Female	1.11	Blac	k	MONTH	3-06-32 YEAR	54	YRS	MONTHS DAYS	HOURS MIN
	RTHPLACE ISTATE OR FO			WHAT COUNTRY?	8.	D NEVER MARRIED	1 BALTIMORE CITY OF	COUNTY	OFDEATH	
В	alto., Mo	1.	USA		WIDOWE		Baltimor	e Øi	Ltv	MD.
10 C	ITY OR TOWN OF DEA	ATH 1		OSPITAL, NURSING		OR OTHER INSTITUTION	126 USUAL OCCUPATIO			F BUSINESS OR
	altimore			oplar G		Street	Disabled			rk
USU.	AL RESIDENCE (IF NURS	ING HOME OF O		GIVE RESIDENCE BEFORE		134. INSIDE CITY LIMITS?	13. STREET ADDRESS		21	2116
	aryland	Balt	imore	Baltim	ore	YES X NO	740 Pop1	ar (	Prove !	St.
14. FA	ATHER'S NAME	MI	DDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	ī
	Charles		Co	ttman		Helen			and	
	WAS DECEASED EVER YES, NO OR UNKNOWN]	IN U.S. ARM		166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRES	S		
	No			218-28-	0818	Bernadette	Harrison	4008	Cran	ston
	18 CAUSE OF DEATH	H (Enter anly	ane cause per-						BETWEEN	ONSET AND DEATH
	PARTI. DEATH W	IMMEDIATE	-	udden c	ridin	carrest secon	vary to			
			DUE TO, QE	AS A CONSEQUE	NCE OF					
	Conditions, if any,		( 16)	thenoxcle	~1)1	carliovascul	ar disease			
	gave rise to imm couse ID1, statin	ng the	DUE TO, OF	R AS A CONSEQUE	NCE OF				0	
	underlying cause	lost	( 1c) S	1stemic 1	uphs	erythematous	and end stag	crops	<u> </u>	
7	PART 2 OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITIÖNGI	EN IN PART 10	01
CERTIFICATION										
ICA	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
RTIE							YES NO		S 🗌	NO []
	210. ACCIDENT WAS UND		216. TIME OF	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED JENTER NATURE OF INJURY	IN ITEM 18, F	PART I OR PART 2	
CAL	I IF EITHER, NOTIFY MEDIC		P./	M.	19					
MEDICAL	21d. INJURY OCCUR		21e PLACE C	OF INJURY EET, FACTORY, OFFICE, FA	ARM, ETC )	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
	AT WORK AT WO	HILE				1,		,		
	22a.1 certify that (I)		I) attended the		6	VINY 1986				that (I) (we) last
	saw the decease above, (I) (we) (c	ed olive on <u> </u> did) (did not)	view the bady		. ar	nd that in (my) (our) apinion o	death occurred on the do	e and hou	ir and from the	couses stated
- 1	226 SIGNATURE	1		-		DEGREE			22c. DATE	SIGNED
	DIRACE	14	me 1	(4)		ATTENDING PHYSICIAN	MEDICAL STAF		6///	186,
	274 PHYSERIAN'S NA	AME (TIPE OF	MINT)			220 ADDRESS 22 S.	Greene st.	· U	nivoff	na. Hosp
	>tep her	1 Ze	imel 1	4.2		Balt, more,	Md. 21208			
23a. E	BURIAL, CREMATION,	REMOVAL	236. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
	Buria	al	06-12	-86 H	1631	ILS IIIEM HK	Baltimor	e. N	Maryla	

24 FUNERAL DIRECTOR OHMH-16 25M (VRA 15, 4) 1/79 Brown/Thompson F.H.

ADDRESS 1913 W

Balto.

250 DATE REC'D BY REGISTRAR 750 REGISTRAR'S SIGNATURE

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	1	6	6	" 3	1
	REG. NO.	8	0	0	Sic.10	

- 51	DR FATE EGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8	6 REG. NO.	6	5 2 (
I. DECEA	SED NAME FIRST		MIDDLE	ı	AST	20 DATE OF		DAY YEAR	26 HOUR
( I I C OK F	Mar	tha El	lizabeth	H	art	June	20, 1986		1:20 E
3. SEX		4 RACE		5. DATE C			EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
. Fe	male	White			18. 1922	63	YRS		
	IPLACE (STATE OR FOREIGN		F WHAT COUNTRY	2 1	NEVER MARRIED	9 BALTIMO	RE CITY OR COUNTY	OF DEATH	
200	rvland	U.S.A		WIDOWE		Balt	imore City		N
10 CITY	OR TOWN OF DEATH	11. NAME OF		ING HOME C	OR OTHER INSTITUTION		OCCUPATION K FOR MOST OF WORKING LIE		OF BUSINESS O
Ba	ltimore		Memoria		ital	THE OF WOR		maker	
13a STAT	ESIDENCE (IF NURSING HOME OF TE 13b COL	OR OTHER INSTITUTION	I3c CITY OR TO	ORE ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS / ZiP CODE Woodlea Av	onuo '	21206
	ER'S NAME		Dartimo	1.6	15 MOTHER'S MAIDEN NA		MOOUTES NA	enue a	21200
19.	FIRST	WIDDLE	Chenew	ri +h	FIRST		MIDDLE	Tyle	
	alter S DECEASED EVER IN U.S. A	E.	Chenow		Martha 17 INFORMANT		ADDRESS	1,910	SI
	NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	216-16-		Linwood R.	Uant	same as 13		
AC			1210-10-	1103	Dillwood its	mar v	balle as 1)		XIMATE INTERVAL LONSET AND DEATH
PA		(c)_ CONDITIONS (	CONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM				100
CERTIFICATION 180	DATE OF OPERATION	196. CON	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES [	IN CERTIF	S, WERE FINDI YING CAUSES S []	
21	a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NA	TURE OF INJURY IN ITEM 18 P	ART I OR PART 2)	
S O	R CONTRIBUTING 🔲 CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	HIAS	P.M.	19					
¥ "	MINJURY OCCURRED		E OF INJURY STREET, FACTORY, OFFICE	E, FARM ETC )	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
220	a.l certify that (1) (this has	pital) attended t	the deceased from		19 89	to	6/20	19 06	that (I) (we) la
	saw the deceased alive a	6/1	19		nd that in (my) (aur) apinion	death accurre	d on the date and hav	and from the	causes stated
72	above, (I) (we) (did) (did i	on view the bod	y after death.		DEGREE	-		27c DATE	
	7	1.1	1		ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN	6/	20/86
22	d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e. ADDRESS	_ =ec., ok		7	/
	William H. G	oldiner,	M.D.		5901 Harfor	d Road	Baltimore	, Mary	Land
23a. BUR	IAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCA	ATION OR LOWN	COUNTY	STATE
Bur	ial	06/24	/1986	ak Lav	vn Cemetery		imore. Mar		STAIR
24 FLINE	PAL DIRECTOR					E PEC'D BY		DAD'S SIGNIA	TLIDE

Leonard J. Ruck, Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or

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Salvinore Union Mooriel Mooiled Homensker

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sighted . coleined k.D. 5901 Hariard Post Hairlane, Maryland

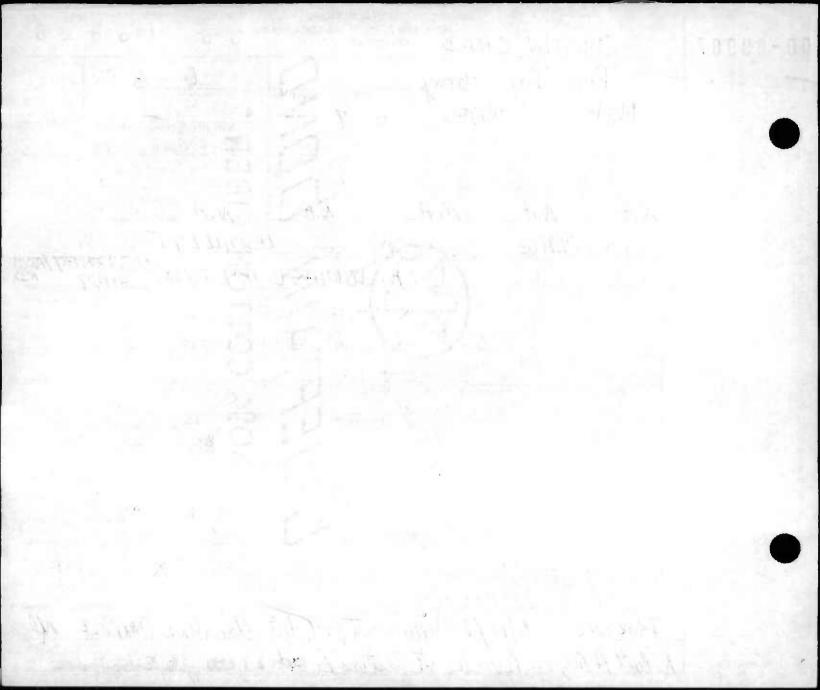
contest 00/24/1988 out Town forestern betternes, Morgania.

legated to make the test between

			1,	FOR Item	216+81	IF D	EPARTMENT	STATE OF N	ARYLAND AND MENTAL	HYGIEN	E.		_	6 9	,
- (	9	524		REGISTRAR / -/ 3	3-86 C	MED			ERTIFICATE			REG. NO	0	0 4	1
	144			CEASED NAME E OR PRINT)	L) W. L. L.		KEVIN		DON'S AND AND		OF ES	11-			25 HOUR
	EAS	FILES. HOURS STREET,	3. SE		DALE IS. DA	TE OF BIRTH			RTMAN DER 1 YR. TIF UND	ER 24 HRS.	2c. DATE	TED 6	13	19 86	2d HOUR
5	× 2	S S S S S S S S S S S S S S S S S S S	MA	LE WHIT	E JUI			BIRTHDAY) MONTH		MIN.	PRONOUNCED DE AD	6	13	1986	1:23 A M
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x	A VA	P A GAL	4	tyortownofbeat Baltimore	(IF	NOT IN SUCH FACE	LITY, GIVE STREET ADI	General	Hosp.		JAL OCCUPATION OF WORKING ANALY	LIFE)	0	OMPU	RY
	ANY D	AND 3	13a S		LOUNTY	RUNDEL	RESIDENCE BEFORE A	BURNIE	13d INSIDE CITY EIMITS	13e STR	EET ADDRESS	ENLEAF	210 TE		#22
	KE, MD.	PW 33.	19. E	THER'S NAME DONALD	G.	LE	HARTI	ЛAN	15. MOTHER'S MA FIRST CATHE		MIDDLE		HAI	MLIN	
	TER D	H FORM H FORM ISION OF A	160.	VAS DECEASED EVER IN	U.S. ARMED FO	DRCES?	16b. SOCIAL SE	-	17. INFORMANT			DDRESS	0880		
	SAF	Z T O IS		NO		-		-8047	DONALD	G. H	ARTMAN	PHILI			
	24 HOUR	RAMIT.	7	PART I DEATH WA	(Enter only one S CAUSED BY: MMEDIATE CAL	JSE (o)		oraco-ak	dominal	trauma	ı		738	APPROXIMATE TWEEN ONSET	AND DEATH
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEA	JG" IN PENCIL IN ITE CAL EXAMINER ALOR BURIAL - TRANSIT PEI AND MENTAL HYGIE VATION, OR REMOVA		Conditions, if an gave rise to in cause (a) stating the lying cause last.	mmediate )	(b)DUE TO, OR A	AS A CONSEQUE	ENCE OF							
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	JUD B	"PENDING" IN F F MEDICAL EXA ED AS A BURIAL HEALTH AND MI AL, CREMATION,	CERTIFICATION	190. DATE OF OPERAT	ION	196. CONDITI	ON FOR WHICH	OPERATIONW	AS PERFORMED?				20.	AUTOPSY?	
	SHO	CHIEF A CHIEF A E USED A URIAL, C	THE											YES 🛣	NO 🗆
	PICATE	RITING THE WORD "PER ODED TO THE CHIEF M RE 3 SHOULD BE USED A RE DEPARTMENT OF HEA OI PRIOR TO BURIAL, C	CAL CES	UNDERLYING CONTRIBUTING C		716 TIME OF HOUR A.M.	MONTH DAY	YEAR	iver of						
	DIVISION HIS CERT	ATE, WRITING THE W ORWARDED TO THE DR: PAGE 3 SHOULD HE STATE DEPARTMEN ND, 21201 PRIOR TO	MEDICAL	21d INJURY OCCURRE WHILE NOT W AT WORK AT WO			FINJURY (AT HI DRY, FARM, ETC.) Ed	OME, 21f. LO	treet  3 & Ben		CITY OR TOWN		COUNTY	undel	STATE
	ER: T	ATE, ORW	15	22a. I certify that I t	aak charge of th	e remains desc	ribed obove, hel	dan Au <u>top</u>	lnspec	ction .	Inquiry	, and in my	yopinion		
	N N	ERTIFICATION BE FOR SIRECTOR WITH THE ARREADD	K	death resulted from:	Natural cou	ses .	Accident X	Suicide	, Hamicide	. Undet	ermined monne	r .			
	EX	SHOULD SHOULD SATH, WI SATH, WI		ACTUAL SIGNATURE	100	N			TITLE (SPECIFY) D. Assista:			DA	TE SNED E	5-13-8	36
	EDICA	F 4 Z D 3	1	EXAMINER'S NAME (TYPE OR PRINT)	Ann M	. Dixon	M.D.		1		in St.,			2120	
	TO M	EXECUPAGE PAGE TO FU	73o P	(TYPE OR PRINT)				OF CEMETERY O	ADDRESS		CATION				
07/	84	P	(	BURIAL	JUNE		_		CEMETER	CITY	REENWI		INSH		N.T.
25A	N	DHMH - 17		UNERAL DIRECTOR		ADDRESS			25e. DA	TE REC'D. BY	REGISTRAR 2				No.
		R ATS ME (5))	W]	LLLIAM E.	JOHNS	ON8521	LOCH	RAVEN	BLVD.	011 1	b 1986	/			4



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007	1.	FOR STATE	1 4 . 1 . 1	MENT OF HEALTH AND MENTAL HYG	SIENE 8 6	6 6 2 8
301		REGISTRAR DUST	IN CHAD	CERTIFICATE OF DEATH	REG. NO.	
		EASED NAME PAST	11	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
- 1	1.5E		The Harvey	IS DATE OF BIRTH 5:41 PM	6 AGE (IN YEARS LAST BIRTHDAY)	14 UNDER I YEAR IF UNDER 24 HRS
		Male.	utilita	MONTH DAY YEAR	& lary	MONTHS DAYS HOURS MIN.
	7e. 81	RTHPLACE INTAN DRIORED	76 CITIZEN OF WHAT COUNTRY?	8 5 7 86	9 BALTIMORE CITY OR COUN	NTY OF DEATH
3	L	D D	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	RAITINORE	
30	No CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
20		BALTIMORE	durin of	a Homital.	NA	N/A
79	USU/	TATE US OF	GIVE REVIDENCE BEFOR		13e.STREET ADDRESS / ZIP CO	ODE ACCO
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	_	NA	<u>N</u>	TV. MORRER P	, HITK VEY JAS	21157 APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUS	anly one cause per line fai (a), (b), ar		×L	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIA	SERVICE STREET			
		Canditions, if any, which	DUE TO, OR AS A CONSEOU	conenita) hear	+ disease	5 8 3 9
		gave rise to immediate	DUE TO, OR AS A CONSEQU			
		underlying couse fast.	10 TYNO	1 1 0	Net control	
	z	PART 2 OTHER SIGNIFICANT	CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
-	ATION	IN DATE OF OPERATION	TIP CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? NE 20b. IF	VEC WEDE EINIDINGS HEED
7	FICA	1)/4	A ) /A	GERATION WAS PERFORMED	IN CER	RTIFYING CAUSES OF DEATH?
$\pm$	CERT	The ACCEPTA WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
9	AL	OR CONTRIBUTING CAUSE OF DI	. \/ 1	AY YEAR	A	
100	MEDIC	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	2	AT WORK   NOT SWEET	LAT HOME STREET, FACTORY, OFFICE	FARM, ETC ) SINCE	CIT ON TOWN	COOKII
		220.1 certify that (1) (this has	oital) attended the deceased fram.	6-7- 1986	. to 6 - 8	, 19 <u>31</u> , that (I: (we) las
		sa= the deceased alive o abave, (l) (we) (did) (did n	at) view the bady after death.	, and that in (my) (aur) apinian	death accurred on the date and h	haur and fram the causes stated
		72h SIGNATURE		DEGREE	MEDICAL STAFF	224 DATE SIGNED
		Jan 40	mells	PHYSICIAN [	DIRECTOR PHYSICIAN	6/8/16
		22d PHYSICIAN'S NAME TYPE	OR PRINT)	22e ADDRESS		
		VAY J.	GO PAL MO			
-	23a E	URIAL CREMATION, REMOVA	1 23b. DATE / C 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	MARPAIL WILL
	74 FI	INERAL DIRECTOR	10/10/06/19	MICHIGANIA INCIMORIA	E REC'D. BY REGISTRARI25b. REG	ISTRAP'S SIGNATURE
/B4	1	TOMET A MI.	9/1/1/ ADDREST	1 16 Attacioned harden	A TUBER A O. I	Total Control of the
	4	MALITINGA	-11/2/10/12/	The state of the s	- HARD GUMAN	William - I will be



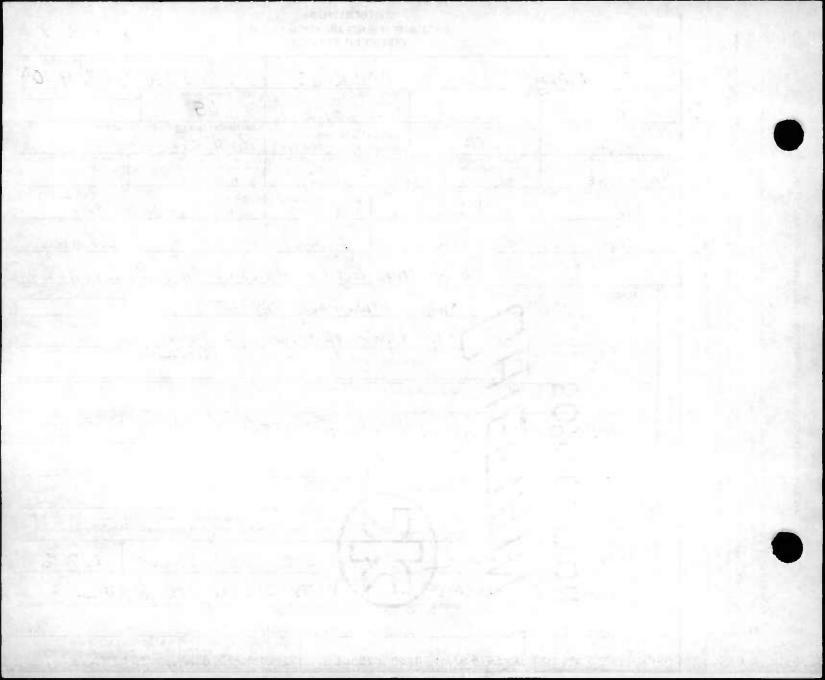
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				STATE OF MARYLAND		
0-09120	1 -	FOR STATE REGISTRAR		MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6529
moy be page 3 ter death		CEASED NAME FIRST OR PRINT) MARI	MIDDLE C	HAWKINS	20. DATE OF DEATH MONTH	7 1916 9:30A
4 0 0	3. SE)	F	4. RACE back	5. DATE OF BIRTH  MONTH  DAY  YEAR  O  2  1	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN,
c death. Page funeral direct irthin 72 hours		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED TO DIVORCED	Baltimore City or Coun	TY OF DEATH  Sity MD.
s after dec	10 CI	a Himbre	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS) HES General	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY
ND 2120 24 hour illed in the wild be finded be	USU/ 13a. S	K K T T T T T T T T T T T T T T T T T T	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13 CITY OR TOW	E ADMISSION) 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	21237 011 Ave
MARYLA ed within	14. FA	THER'S NAME FIRST	MIDDLE Pallast ex	15. MOTHER'S MAIDEN NA	ME	Lindsey
MORE, I e execute n and an Page		AS DECEASED EVER IN U.S. AR			address wwkins 3016 A	Rosalind pre-
201 W. PRESTON ST. es that the death certif be by the attending p please remove carbon urial, cremation, ar rem vial, cremation, ar are		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU  (b)  DUE TO, OR AS A CONSEOU  (c)	repair of colover	sical + Entero-U Fistula	
RECORDS,	CERTIFICATION	19a DATE OF OPERATION 6/3/86 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH Colovesical 21b. Time Of INJURY	OPERATION WAS PERFORMED  + Enter D Vies ica/ Fill    216 HOW INJURY OCCUR	20a AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YESNO
DING PHYSICIAN: The or attending physician After this certificate his eas the burial-transit polit and Mental Hygien marked or them 18 show	MEDICAL	OR CONTRIBUTING CAUSE OF DE.  (IF EITHER NOTIFY MEDICAL EXAMINE)  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	ALIT .	19 211. LOCATION	CITY OR TOWN	COUNTY STATE
OR ATTENDO The hospital or DIRECTOR, A ached for use Dept. of Heal		saw the deceased alive an	ital) attended the deceased from_ of view the body after death.	DEGREE  ATTENDING	, to	19, that (I) (we) lost your and from the causes stated
TO HOSPITAL etained by the TO FUNERAL should be detained by with the State Wall the MAPORTANT: I		22d. PAYSICIAN'S NAME (TYPE OF	S, MARANE	22e ADDRESS	CHARUS CEN. K	ASPITAL
BP	23a. E	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY armony Memorial PAR	K Landover	COUNTY STATE Md

Harmony Memorial PARK

March Funeral Home West 4300 Wabash Avenue

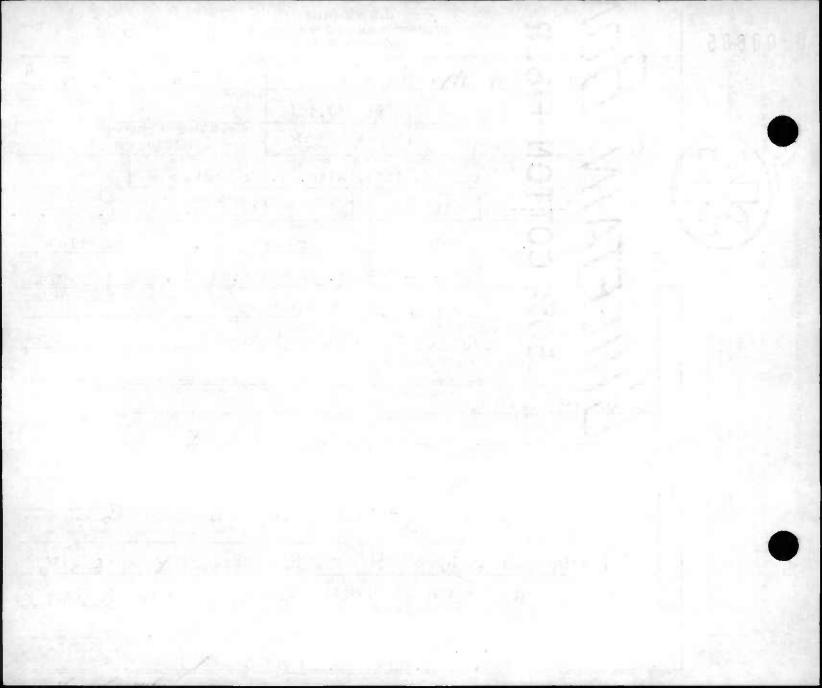
DHMH - 16 50M 4/82 (VRA 15, 4)



DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be restricted by the hospital or otherwise absorbing	TO FUNERAL DIRECTOR. After this certificate been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 11 as of 25 should be filled within 72 hours after death with the State Dept. of Heelth and Merriol Hygiene prior to buriol, cremotion, or removal.	IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the medical examiner must be notified at once.
	TO HOSPITAL OF	TO FUNERAL DIS	IMPORTANT: # #

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8685	1	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6 REG. NO.	6 6 3 0
nay be page 3	(TY		ETTA W.	HAYNIE	20 DATE OF DEATH MONTH D	3 86 10:15 M
4 mo	3 S		White	April 17, 1914		FUNDER I YEAR FUNDER 24 HRS
direct ours	70.1	Female  HIRTHPLACE (STATE OR FOREIGN	WILLE 76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUNTY	OFDEATH
nerol n 72 h	4	Maryland :	USA	MARRIEN NEVER MARRIED WIDOWED DIVORCED		re City MD
by the further described with		Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET METCY HOS	og HOME OR OTHER INSTITUTION  ADDRESS!  Pital, Balto.Md.	120 USUAL OCCUPATION (179F OF WORK FOR MOST OF WORKING LIFE HOMEMAKET	126 KIND OF BUSINESS OR INDUSTRY
W filled in should be er must be	13a.	STATE ATYLAND 136 COUL	OTHER INSTITUTION GIVE RESIDENCE BEFORE  IIY  BALTIM	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1436 Battery	21230 Ave.Balto.Md.
molerely oug 2 st	) ILF	ATHER'S NAME FIRST August	W. Kuhlma	.n Margar	et B.	Frederick
Poges	160	WAS DECEASED EVER IN U.S. AR (YES. NO ORUNKNOWN) (IF YES. GIV	MED FORCES? (E WAR OR DATES)  216-30		t R.Haynie, Sam	ne as above
es that the death certificate be ned by the ottending physicia please remove carbon papers. urial, cremotian, or removal.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUI	ence of Lymphocytic Le	sukema	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
The low requir	CERTIFICATION	Ocabetes	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b IF YES IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: ng physical properties of the second	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
ottendi ter this is the bu h and M	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	PARM, ETC.)  211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN spitol or CTOR: Af a for use o for use o i. of Heolil		saw the deceased alive an above (1) (we) (did) (did no	tol) attended the deceased from		deoth occurred on the date and hour	
by the hore by the hore detached Stote Dept		22b. SIGNATURE LANG	9 Ayla	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	\$ 3 86
ro Hospital etoined by 1 TO FunERAl should be de with the Stot		MICHAEL MICHAEL	A. SYEVA	MERCY HOS		UL PL. BACT. MJ.
BP		Burial, cremation, removal	6/6/1986 We	stern Cemetery	23d LOCATION CITYORTOWN Baltimore,	Maryland State
DHMH - 16 60M 7/84 (VRA 15, 4)		ccully Funera	Balto .Md .2123		TE REC'D. BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE



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STATE OF MARYLAND

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STATE OF MARYLAND FOR - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	b	-	6
9	REG. NO.		

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		
DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR	2b HOUR
IDA	G.	HENDERSON	JUNE 21, 198	86	8:25 A
3 SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
		MONTH DAY YEAR		MONTHS DAYS	HOURS MIN.
F	В	6 5 06	80 - YRS.		
70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
S.C.	U.S.A.	WIDOWED M DIVORCED	BALTIMORE CITY	Y	MD
10. CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		F BUSINESS OR
BALTIMORE	THE JOHNS HOPK		TYPE OF WORK FOR MOST OF WORKING L	(FE) INDUSTRY	

13a STATE			134 INSIDE	CITY LIMITS?	13e STREET				01013
MARYLAND		BALTIMORE	YES X	NO []	1411	NORTH	GAY	STREET	21213
14 FATHER'S NAME FIRST	MIDDLE	LAST	15. MOTHER	FIRST	AME	MIDDLE		LA	
UNKNOWN			ELI	EN				AL	STON
60 WAS DECEASED EVE	R IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORM	ANT		ADDRES	S		

(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NADELL GILYARD 1411 NORTH GAY STREET 21213 UNKNOWN UNKNOWN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY 10 min IMMEDIATE CAUSE (C Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOL YES [ NO [ 216. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART & OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

P.M 19 (IF EITHER NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION

WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and haur and from the causes stated Jane 21 saw the deceased olive on\_ above, (1) (we) (did) (did not) view the body ofter death

STREET

226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MD PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d PHYSICIAN'S A miller Stephen

600 N. WOLFE ST. BALTO, MD.

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BALTIMORE COUNTY BALTIMORE

6-27-86 24 FUNERAL DIRECTOR

250. DATE REC'D. BY REGISTRAR 256 RIGISTRAPS SIGNATURE AND AVENUE AVENUE

CITY OR TOWN

COUNTY

STATE

MARYLAND

DHMH - 16 50M 4/B2 (VRA 15, 4)

FUNERAL DIRECTOR

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BURIAL

WM.C. MARCH FUNERAL HOME INC. 1101 EAST NORTH

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

Annual City of the last

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23 %	ET SS.		E OR PRINT)	MARCELI		WIDDLE	HEI	NDERS	ON				KNOWN - ESTI- MATED		).4	1986	76 HOU
Z CTO	DE L	3. SEX	1	I. RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YEARS			IF UNDER		2c. DAT	E	MONTH		YEAR	2d HOU
RY,	THIN 72 HOURS RESTON STREET,	M	ale	Black	7 13	58	27 YRS.	MONTHS	DAYS	HOURS	MIN.	PRONOU DEA		6	1.4	19 86	3:00
SSA	A STEEL		RTHPLACE (STA	ITE OR	76 CITIZEN OF WHA	TCOUN	TRY? 8	MARRIED	□ NE\	/ER MARRI	ED XX	9 BALTI	MORE CITY	OR COU	NTY OF		
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ALT	FAR	-	YES			215	-74-288	7	Marg	uerit	te Mo	oore	6556	Falki	rk F	Rd.Ap	t.G
11. B	DIA		18 CAUSE OF	DEATH (Enter onl	ly one couse per line fo	r (o), (b)	, and (c).)					200				APPROXIMAT	
NA H	A KINGS			IMMEDIAT	re CAUSE (a)_Gun			of he	ad_								
5 22	MINER AL TRANSITI ENTAL HYC OR REMOV		Conditions	s, if any, which	DUE TO, OR A	S A CON	SEQUENCE OF										
N	RAI ATAI	7	gove rise	to immediate	(b)										_		
Z Z Z	Z AE		lying caus		DOE TO, OR A	SACON	SEQUENCE OF								4 30		
SS. 2	AND AND AT IO		PART 2 OTHER SIG	NIFICANT CONDITIONS (	(c)	I NDT BELA	ICD ID THE TERMINA	Alffarf On	CONONION	CONTA AND DA							
ORDS	MEDICAL EXAMINER DAS A BURIAL - TRAIN CREMATION, OR REI	N			CONTRIBUTION TO OCATA BO	I NOT ALLA	TED TO THE TERMINA	L DISEASE OK	CONDITION	GIVEN IN PAI	KI I Ia						
E 70	EF MEDIC ED AS A HEALTH AL, CREM	CERTIFICATION	190. DATE OF	OPERATION	196 CONDITIO	ON FOR V	WHICH OPERAT	ION WAS I	PERFOR/	MED?	-	-			20	AUTOPSY	?
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ATE,	AE ST 4D, 2		100000000000000000000000000000000000000		e of the remains descri	bed abo	ve, held on		X,	Inspection		Inquiry		and in my o	apinian		
NIN I	L DIRECTOR: P. C. L. DIRECTOR: P. H. WITH THE SI. MARYLAND.		death resulted	d from Noture	al causes , A	ccident	, Suicid	e 🔲 ,	Hamici	de K		termined m		].			
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XO.	PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, M		(TYPE OR PRIN	T) <u>Marga</u>	arita Kore								Balti	more	, Md	. 21.	201
	~ ► < Ø	230. BU	BURIAL	ION, REMOVAL 23	6/20/86		astview				23d. LC	altim	ore	co	UNTY	Må	ATE
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FOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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		226. SIGNATURE	= 0 -	DEG	REE			221. DATE SIGN	IED
		2) amle	an & Bles	est o	MATTENDIN PHYSICIA	MEDIC.	AL STAFF OR PHYSICIAN		186
	-	22d. PHYSICIAN'S NAME (TYPE OR I	PRINT	22	e ADDRESS 50	111 04	DFRED	ERDCK EL	),
		PAMERN E	BINCHESS	mo	SULTE	10, CAT	BNSUTLLE	, MO- 2/2	29
		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	ME OF CEME	TERY OR CREMATO		CATION		
		Rurial	June 17.1986	Mead	owridge		k. Cem.	Howard	Md
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STATE OF MARYLAND

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TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

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ATE OF	DEATH	MONTH	DAY	YEAR	2h HOL	IR

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Ethel  Henry  Obege - School   Comparison	MD.  OF BUSINESS OR  ACT 157  thews  STATEMENT TO THE TENT TO THE
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13	of BUSINESS OR  Act 18 0 C  T21157  tthews  XXX  in St.  Md. 2115
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ATHER'S NAME TRANSIS MIDDLE JOSEPH  De CRISCO  186 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, IND OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic  18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and ic  18 CAUSE OF DEATH (WAS CAUSED BY:	in St., Md.2115
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160 WAS DECEASED EVER IN U.S. ARMED FORCES?   160 SOCIAL SECURITY NO   17 INFORMANT   16 Westminster   18 CAUSE OF DEATH (Enter only one couse per line for 101, (b), and (c)   18 CAUSE OF DEATH (WAS CAUSED BY:	in St., Md.2115
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18 CAUSE OF DEATH lenter only one couse per line for 101, (b), and ic	, Md. 2115
18 CAUSE OF DEATH lEnter only one couse per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	
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DUE TO, OR AS TOONSEQUENCE OF	Wulla.
Conditions, if ony, which gave rise to immediate	1
couse (a), stoting the underlying couse lost DUE TO, OR AS A SONSEQUENCE OF	Vuls
PART 2 OTHER 1 PART CONDITION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	(0
206. IF YES, WERE FINE IN CONDITION FOR WHICH OPERATION WAS PERFORMED TO AUTOPSYS 206. IF YES, WERE FINE IN CERTIFYING CAUS YES 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2	INGSTISED
IN CERTIFYING CAUS	S OF DEATH?
YES NOW YES	NO 🗌
OR CONTENTION CONTRACTOR HOUR A.M. MONTH DAY TEAR	
UF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19	
(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)  21l. LOCATION STREET  CITY OR TOWN  COUNTY	STATE
WHILE NOT WHILE AT WORK	
22a I certify that (1) (this hospital) attended the deceased from 2, 5/22/86, 19, to 5/9/86, 19	, that (I) (we) last
saw the deceased alive an above, (I) (we) (did) (did not) view the Body after death.	e causes stated
	E SIGNED
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN CO	1146
IAN'S DAME (IVER OR PRINT) 228 ADDRESS	10
1 10/10/1-60 MAIN 22 Salaria 67 215	01
1 2 1 000 10 1	0
230. BURIAY, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 234 LOCATION CITY OR TOWN	STATE
230. BURIAY, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITYOR TOWN CITYOR TOWN  (SPECIFY) Burial 6-12-86 Evergreen Memorial Finksburg Carrol  24 EVERGLER Thomas D. Fletcher 500 F 24 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGN.	

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# STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	REG. I	NO.	6		9	86		3	
0	EDEATH	44.0	DATE:	DAY	VE	4.0	01		7

1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	-5-86
	. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
П	(TYPE OR PRINT)	+ Lillian E	Herold	4	5 02 1. 15R
3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IN UNDER 24 HRS
	F	WHITE	Many - 5 - 02	84 YRS	MONTHS DAYS HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
1	COUNTRY] MD.	U.S.A.	WIDOWED DIVORCED	BALTO. C	iT MD.
T	O. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION  11YPE DE WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
L	BALTO.	FRANCIS SCO.	THEY /ED. (ENTE		(INDOSTRI
	USUAL RESIDENCE (IF NURSING HOME O		ORE ADMISSION)		NDE .
	MD.	BALT	YES NO	3407 ELLIOT	7 ST. 2/224
ľ	4 FATHER'S NAME	MIDDLE P LAST	15 MOTHER'S MAIDEN N	MIDDLE	// 1. AAST
L	(HARLES	F. PRENI	DEC OARA	H	VILLIAMS
T	60 WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEG	CURITY NO. 17 INFORMANT	ADDRESS	2/206
ı	(YES, NO OR UNKNOWN) (IF YES, G	214-01-	44178 NORMAN A	1- NECOLD 4512	SPRING ( WOOD AK
F	II CAUSE OF DEATH (Enter o	only one couse per line for (o), (b),	and ici.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
L	PART I. DEATH WAS CAUS	ED BY:	id a loss march	Awest	GENERAL ONSET AND BEATT
Е	IMMEDIA	ATE CAUSE (o)	of the vicevial	7, 2, 2, 2, 7	
ı		DUE TO, OR AS A CONSEQ	DUENCE OF		
ı	Conditions, if ony, which	(b) 1965	sive I sided	CUIS	
1	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQ	HIENICE OF		
П	underlying couse lost.	000,000,000	NOCITED OF		
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TEL	PAIN ALDISEASE OF CONDITION O	IVEN IN PART 1/0
I		CONDINOIS CONTINUONA	DEPART OF THE PER	MININAL DISEASE ON CONDITION	NICE A LANGE AND A CO.
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19h CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
1	E THE CHARLES	The Condition Tolk Wille	EN OF ENAMED	IH CER	TIFYING CAUSES OF DEATH?
1	£			YES NO	YES NO
	OR CONTRIBUTION CONTRACTOR OF DE	LICITO A 44 MODITIL	DAY YEAR THE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM	B PART I OR PART 2)
ı	(IF EITHER, NOTIFY MEDICAL EXAMINE		19		
1	LIF EITHER, NOTIFY MEDICAL EXAMINI  21d. IN JURY OCCURRED	21a. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
1	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC ) SINCE	CITI ON TOWN	3,410
ı		pital) attended the deceased from	6/3/86 19	106-5-86	. 19
ı	sow the deceased alive a	n19		on death occurred on the date and h	
ı	22h SIGNATURE	ot) view the body ofter death.	DEGREE	<b>*</b>	22t. DATE SIGNED
I	B. Mus	se m	ATTENDING	MEDICAL STAFF	THE DIVIE SIGNED
4	224 PHYSICIAN'S NAME LITPE	7 111		DIRECTOR PHYSICIAN	
	LE PHISICIAN S NAME ITTE	OK PRIOT)	22e ADDRESS		
	p.11(as	gly 1110	Device A Park		
1	23ª BURIAL, CREMATION, REMOVA	L 286. DATE 23	NAME OF CEMETERY OR CREMATOR	y 23d. LOCATION	
	BURIAL	6-10-86	AKIAIM) (EM.	CITY OR TOWN	BALTO CO. MD.

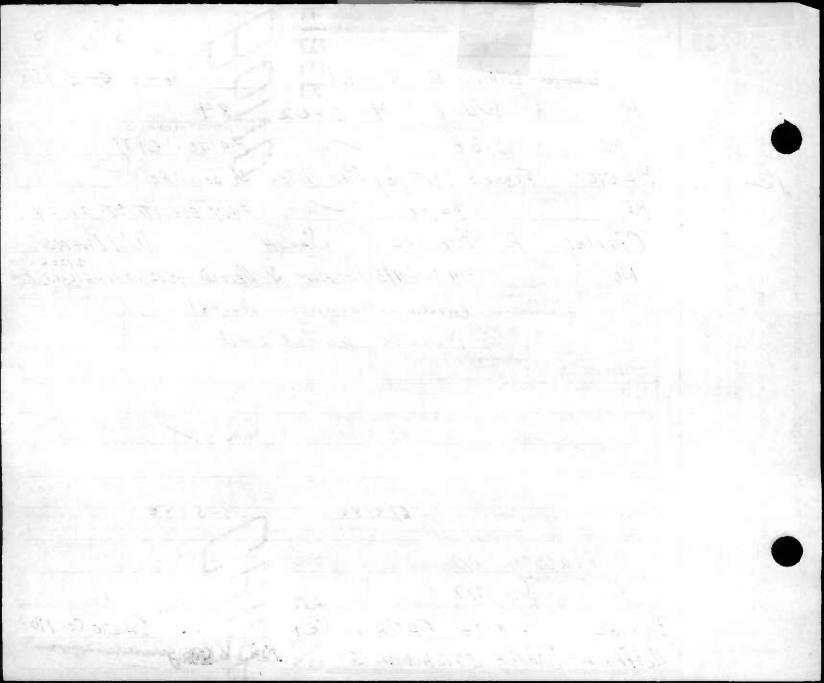
DHMH - 16 50M 4/83 (VRA 15, 4)

24 FUNERAL DIRECTOR

FIMANN - SKARDA 32/8 HUDSON ST.

retained by the hospital

BP.



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_ 1 0 1 0		1 -	FOR STATE		TMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8 6	165	3 /
-1019	0	DEC	REGISTRAR Charl	es L. Hess		FICATE OF DEATH	REG. NO.	TH DAY YEAR	To years
p p p			Charles	HE55		LASI	6/20/80		7. 35Pm
podgio de de		SEX		4. RACE	5. DATE	OF.BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	F UNDER I YEAR	7 701
ctor.		_ 1	Male	White	Jul	H 19, 1900	85	YRS DAYS	HOURS MIN
Pog Hour	1	a BIR	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	OUNTY OF DEATH	
n 772	2	1	Maryland	U.S.A.	WIDOW	ED X DIVORCED	BALTIMOR	ECITY	MD.
(1)		-	LTIMORE	(IF NOT IN SUCH FACILITY GIVE STRE	11. NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  ST AGNES HOSP		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Salesman	RKING LIFE) INDUSTRY	of business or maceutical
	00	13a S	L RESIDENCE IN NURSING HOME COLLARS TATE TYLAND	OR OTHER INSTITUTION GIVE RESIDENCE BEFO	ORE ADMISSION	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP 5303 Wendley	CODE	
within d 2 sign	_		THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		LA	ST ST
or o	9		Martin	Hess	CURITURE	Louisa	ADDRESS	Bosch	1 21 225
n ond e. Poges			AS DECEASED EVER IN U.S. A ES, NO ORUNKNOWN) (IF YES, G	RMED FORCES? INTERMED FORCES? INTERMED FORCES? INTERMED FORCES? INTERMED FORCES.		Charles A. M	cManus - 602	brooklyn Po Brian St.	urk 21225
requires that the death certificate een signed by the attending physic it. Then please remove carbon paper for to burial, cremotion, or removal yinjury, or other traumatic event, it.	No. of the last	CATION	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF THE CONDITIONS CONTRIBUTING TO	DUENCE OF BUENCE OF	tic Healt	2.78 1 4	N	NMATE INTERVAL ONSET AND DEATH
hos b perm ene pr	2	TIFIC/	DATE OF LIKETION	THE CONDITION FOR WHIC	-H OFERATIO	ON WAS PERFORMED	YES NOXX	CERTIFYING CAUSES	S OF DEATH?
g physici g physici certificate riol-transif ental Hygi	9	0	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURI	RED (ENTER NATURE OF INJURY IN I	IEM 18 PART T OR PART 2)	102
othendir ter this to the but hond Murked or		MEDICAL	21d. INJURY OCCURRED  WHILE OF NOT WHILE OF NOTWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE	E, FARM, ETC )	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR Af				oital) attended the deceased from			10		that (It (we) last
ATTE Ospith ECTC ed for of of			sow the deceased alive a abave, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body after death.	, 0	nd that in (my) (our) opinion	death occurred on the date a		
Y the h XAL DIR detoche ore Dep			1814		lsiden	OF OWER	MEDICAL STAFF DIRECTOR PHYSICIAN	6/	20/86
TO HOSPITA retoined by TO FUNERA should be do with the Stot	1		224 PHYSICIAN'S NAME (TYPE SHANTI	OR PRINT) RAMESH		Caton Ave. B	altimore City	Maryland	
BP		(5	URIAL, CREMATION, REMOVA PECEBURIAL	June 24, 1986 N	New Car	CEMETERY OR CREMATORY thedral Cemete	ry Baltimore	City Mari	yland
DHMH - 16 60M 7/84 (VRA 15, 4)		16:	10 Edmondson A	ll C. Witzke Fur ve., Catonsville	reral t	tomes P.A. 250. DAY	UNº23 1986 "	REGISTRAR'S SIGNA	EUBE .





- STATE REGISTRAR		CERTIFICATE OF DEATH	8 0 REG. NO.	0 0 0 0
		HICKS	20. DATE OF DEATH MONTH	B:30P M
3. SEX MALE	4. RACE WHITE	JUNE 6, 1926	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
70. BIRTHPLACE (STATE OR FORE COUNTRY)  MARYLAND		V2 8	9. BALTIMORE CITY OR COUNTY	
	11. NAME OF HOSPITAL, NURS IF NOT IN SUCH FACILITY, GIVE STRI 1241 WALKER	ING HOME OR OTHER INSTITUTION OF ADDRESS) AVENUE 21239	128. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUMETAL INDUSTRY RFABRICATION
USUAL RESIDENCE (IF NURSING 130 STATE MARYLAND	HOME OR OTHER INSPRIOUTION GIVE RESIDENCE BEF COUNTY 138, CITY OR TO BALTIM	ORE   13d, INSIDE CITY LIMITS?		
14. FATHER'S NAME HAROLD	E. HICK		MIDDLE	RUSHTON
	E VES CIVE WAR OR DATES			
Conditions, if ony, we gove rise to immed couse (a), stoting underlying couse  PART 2. OTHER SIGNIFI	DUE TO, OR AS A CONSECTION  DUE TO, OR AS A CONSECTION  (c)	DENCE OF		BETWEEN ONSET AND DEATH  BETWEEN ONSET AND DEATH  EN IN PART To
190. DATE OF OPERATIO	985 malignen	1 helguma	YES NO YE	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{D} \)
OR CONTRIBUTING CAU  (IF EITHER NOTHY MEDICAL  21d. INJURY OCCURRED  WMILE AT WORK  22e.1 certify that (1) (th  sow the deceased in	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE Is hospital) attended the deceased from	DAY YEAR 19 211 LOCATION STREET	city or Town	COUNTY STATE  19.86. That (I) (we) lost
22b. SIGNATURE	F. Much, S.	TOO. ADDDESS		22c. DATE SIGNED
KARL F.	MECH, SR., M.D.	3350 W	elters are 2/2	29 646-2533
	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  MALE  70. BIRTHPLACE (STATE OR FORE COUNTRY)  MARYLAND  10 CITY OR TOWN OF DEATH  BALTIMORE  USUAL RESIDENCE (IF NURSING 130. STATE  MARYLAND  14. FATHER'S NAME  HAROLD  16. WAS DECEASED EVER IN (YES NODELINKNOWN)  18. CAUSE OF DEATH (I) PART 1. DEATH WAS  Conditions, if ony, w gove rise to immed couse (o), stoting underlying couse  PART 2. OTHER SIGNIFI  190. DATE OF OPERATIO  190. DATE OF OPERATIO  210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL) 21d. INJURY OCCURREN 21d.	REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  ROBERT F.  3. SEX  MALE  VHITE  76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARYLAND  10. CITY OR TOWN OF DEATH  BALTIMORE  USUAL RESIDENCE (IF NURSING HOME OR OTHER IMPORTING SICH RESIDENCE BEFLISS. STATE  136. STATE  USUAL RESIDENCE (IF NURSING HOME OR OTHER IMPORTING CHILTY, GIMESTRE  HAROLD  14. FATHER'S NAME  HAROLD  15. COUNTY  MARYLAND  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SET (YES SIGNE WAS OR DATES)  17. PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  DUE TO, OR AS A CONSECT COUNTRY COUNTRY COUNTRY COUNTRIBUTION FOR WHICH COUSE (A) STOTISM THE COUNTRY COUNTRY COUNTRIBUTION FOR WHICH COUSE (A) STOTISM THE COUNTRY COUNTRIBUTION FOR WHICH COUSE (A) STOTISM THE COUNTRIBUTION FOR WHICH COUNTRIBUTION FOR WHICH COUSE (A) STOTISM THE COUNTRIBUTION FOR WHICH COUNTRIBUTION FOR WHICH COUNTRIBUTION FOR WHICH CAUSE OF DEATH COUNTRIBUTION FOR WHICH CAUSE OF THE COUNTRIBUTION FOR WHICH CAUSE OF THE COUNTRIBUTION FOR COUNTRIBUTION FOR WHICH CAUSE OF THE COUNTRIBUTION FOR COUNTRIBUTION FOR COUNTRIB	REGISTRAR  IDECEASED NAME  (ITYE OR PENN)  ROBERT  F.  HICKS  3. SEX  MALE  WHITE  JUNE 6, V 1926  TO BIRTHPLACE (STATE OR POREIGN)  MARYLAND  U.S.A.  WIDOWED  DMORCED  DMORC	REGISTRAR  I. DECEASED NAME INFO ON PRICE.  ROBERT F. HICKS JUNE 2, 1986  3. SEX MALE  I. RACE WHITE JUNE 6, 1926  59 YES  78. BIRTHELACE (STATION FOR BIRTH)  II. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL, NURSING HOME OF OTHER INSTITUTION  III. NAME OF MOSPITAL OF OTHER INSTITUTION  III. NAM

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BP. DHMH - 16 60M 7/B4

(VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

JOHNSON8521 LOCH RAVEN BLVD

JUNE 5, 86 MD.

CITY OR TOWN COUNTY 

STATE MD

Little Country of the

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	ORE, MARYLAND 21201		executed within 24 haurs ofter death. Page 4 may be	(	a im by the tuneral director, page 3	operational and a model by the manual and the decin

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 6 REG. NO.	6	6	3	1000
ATE OF DEATH MONTH	DAY	YEAR	25 HOLIR	_

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
	1 DECEASED NAME FIRST (TYPE OR PRINT) SAMUE	MIDDLE	Hi	CKS.	20. DATE OF DEATH	6-21-86	9.10 A
7	3 SEX Male	4 RACE Black	5. DATE C	H DAY YEAR	6 AGE (IN YEARS LAST BIR	PETHONY) IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	O BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	76. CITIZEN OF WHAT COUNTRY	2 8	D NEVER MARRIED	9 BALTIMORE CITY O	OR COUNTY OF DEATH	
1	BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE  LUTHERAN HO	ING HOME (		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C Laborer	ION 126 KIND	OF BUSINESS OR
L	HOUSE RESIDENCE (# NURSING HOME O 130. STATE 136 COU Maryland		WN	13d INSIDE CITY LIMITS? YES NO 1		zip code orth Avenue	21216
É	Edward	Hicks LAST		Betty	MIDDLE .	Taylo	r
-	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC IVE WAR OR DATES) 705–12		Paul Hicks 2	407 West No		
	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) PROBAE	JENCE OF JENCE OF JENCE OF DEATH BUT	IE HEAR	T FAIL INAL DISEASE OR CON	URE	(0
7	RENAL F  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [	196 CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFF MEDICAL EXAMINE 21d INJURY OCCURRED  WHILE NOTIFF MEDICAL EXAMINE AT WORK AT WORK  27a-1 certify that (1) (this hosp sow the deceased alive at above, (1) (we) (did) (did in 22b. SIGNATURE	P.M.  21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE  oitol) ottended the deceased from  1 2/- 19  at I view the body after death.	FARM, ETC )	216 HOW INJURY OCCURR  216 LOCATION STREET  217 LOCATION STREET  218 LOCATION STREET  219 SC AUTHER  218 ADDRESS AUTHER  218 ADDRESS AUTHER  218 ADDRESS	CITY OR TO  CITY OR TO  CITY OR TO  A  B  CITY OR TO  A  B  CITY OR TO  A  CITY O	OWN COUNTY	21-86
	230 BURIAL, CREMATION, REMOVAL			Calvary Cemete	23d LOCATION CITY OF TOWN	rundel Co, M	d. STATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detoched for use as the burial-transit permit. Then please remove cort with the State Dept- of Health and Mental Hygiene prior to burial, cremotian, or

DHMH - 16 60M 7/84 (VRA 15, 4)

marked ar Item 18 shaws any injury, ar ather traumatic even

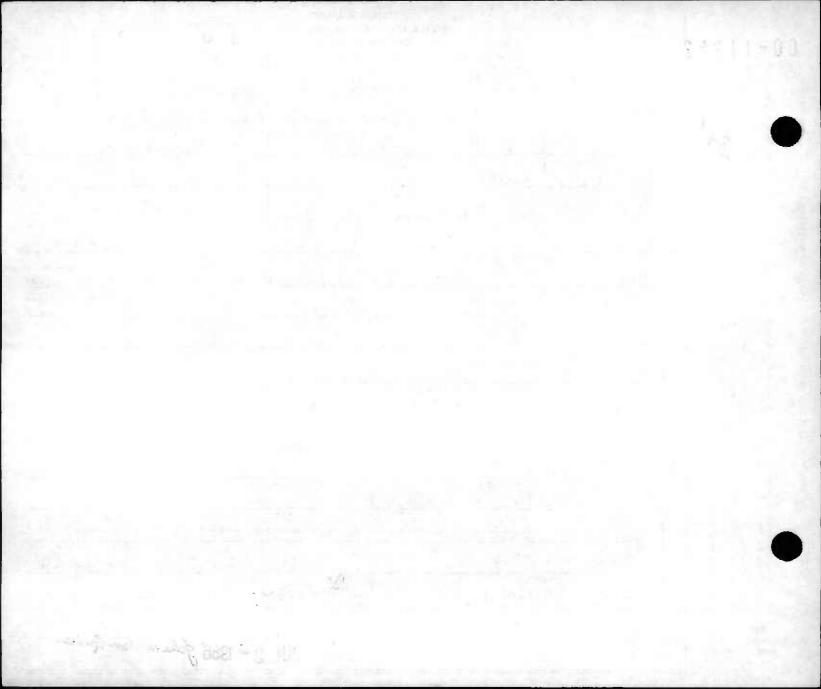
MPORTANT: If Item 21 is

Anne Arundel Co, Md.

24 FUNERAL DIRECTOR March Funeral Homes 1101 East North Avehue 750 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	1	FOR - STATE	DEF	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY	GIENE 8 6	16640
00-11242		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
noy be poge 3		CEASED NAME FIRST		HILTON	10.01.10	5-30-86 9:43 A
to the roll of the	3. SE	* Male	black	5. DATE OF BIRTH  MONTH  DAY  VEAR  12  24	6 AGE (IN YEARS LAST BIRTHE	YRS IF UNDER 1 YEAR IF UNDER 24 HRS
134	la B	INTHPLACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or	county of DEATH
(1) 7	10 C	Balto.	11. NAME OF HOSPITAL, N UF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	124 USUAL OCCUPATION	
1110	etsu Da.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE		13e.STREET ADDRESS / 7	ELIP CODE 21216 ESTAGOUNT COUNT
mplete ond 2 examin	14. F.	ather's name Ral ph	MIDDLE (LAS	ton Corrie	AME	Rhams
be execution and control or seed or control or seed or control or		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GI	RMED FORCES? 166 ŠOČIAL 247-	SECURITY NO. 17 INFORMANT -16-2960 Mary A-U	blker 3/03	1 1
the death certificate the attending physicir remove carbonopper emation, ar remaval. er traumatic event, th		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON!	SEQUENCE OF	·	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that is signed by then please to burial, cr	NOIT	PART 2. OTHER SIGNIFICANT	conditions contributions wells las	G TO DEATH BUT NOT RELATED TO THE TERM		
N. The low re hysicion. Icate has been ronsit permit Hygiene prior 18 shows only 18 sh	CERTIFICATION	196 DATE OF OPERATION		/HICH OPERATION WAS PERFORMED	YES NO	06 IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
전 후 등 전 E	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	H DAY YEAR	RED (ENTER MATURE OF INJURY I	NITEM 18 PART 1 OR PART 2)
G PHY orthis ond A ked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	(10)	CITY OR TOWN	COUNTY STATE
NATTENDINININ hospital or a special or a special or a special or special or a special or			ital) attended the deceased ( 6/30 bt) view/he bady after death.		death occurred an the date	and hour and fram the causes stated
the post		17000	whg		MEDICAL STAFF DIRECTOR PHYSICIA	224. DATE SIGNED 6-30-86
TO HOSPITAL efained by the TO FUNERAL should be detroined to the With the State MAPORTANT:		BICH T D	DR PRINT) SWONG	LUTHERA	N HOSPIT	AL
BP	3	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 7/7/86	Garrison Forest Vet	23d LOCATION CHYORIOWN OWINGS	Mills Ma
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director arche Funeral Ho	ome West 4300°	Wabash Avenue	2 - 1986	REDALINGUENCE CONTRACTOR



deoth certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

retained by the hospital or

BP\_

DHMH - 16 60M 7/B4

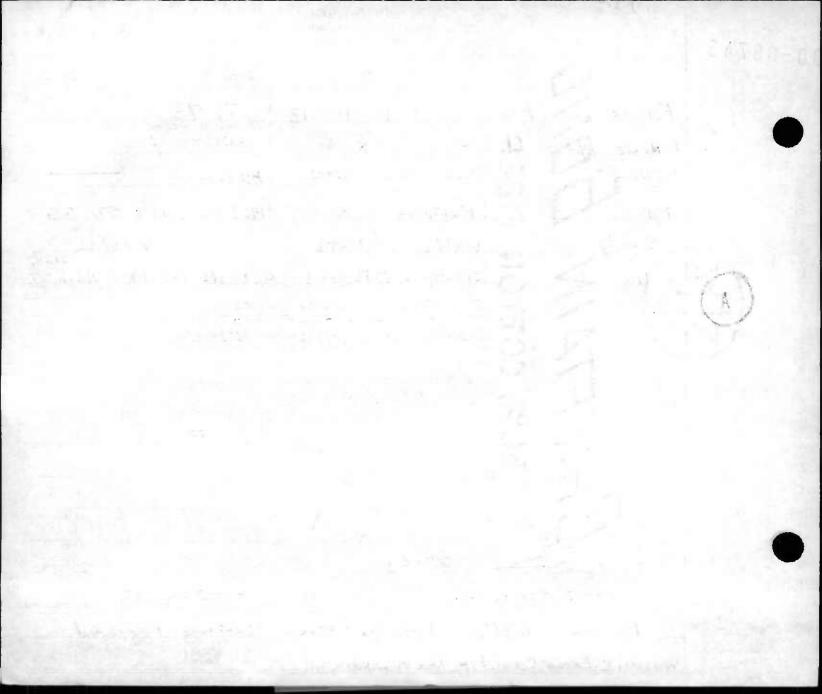
(VRA 15, 4)

1 DI				ICATE OF DEATH	REG. NO			
(14)	PECEASED NAME FIRST	WIDDLE		HITE	to brite or berini	MONTH DAY	YEAR	26 HOUR
					June 3, 1			1:00
3. 5	-	4. RACE	5. DATE C		6. AGE LIN YEARS LAST BIR	MON	THS DAYS	HOURS 24
11	EMALE	BLACK		11 13		3 YRS.		
dis	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	Baltimore city o	_	DEATH	
	CITY OR TOWN OF DEATH	4,5,4	WIDOWE	DIVORCED DIVORCED				
B	altimore	(IF NOT IN SUCH FACILITY, GIVE S Mary Land	General		174 OF WORK FOR MOST OF WORK FOR MOST OF		126. KIND OF INDUSTRY	ROSINES
130	STATE 136 CC	OR OTHER INSTITUTION GIVE RESIDENCE	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS		-1.3	
	MD -	BAL	IMORE	YES X NO	1403 MC	Cullop	57.	212
14. F	FATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		- EAST	
1	SANDY	WAdd	111	MATIL			add, L	4
	WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL GIVE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRE	SS		21:
	No	217-0	9-1866-D	FLORENCE A	ALMENA 1	1493 M	CCUL	Loh
-	18 CAUSE OF DEATH (Enter	only one cause per line for (a), (b	o and ic				BETWEEN O	MATE INTERV
	PART I. DEATH WAS CAL	TATE CAUSE (6)	ninated	carcinoma, sus	Spected			- 7
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS	EQUENCE OF	and gallbladde				
TION	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	it CONDITIONS CONTRIBUTING Gastro	oro DEATH BUT Deintest	NOT RELATED TO THE TERMINING THE TERMINING	nal disease or coni	DITION GIVEN		
TIFICATION	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	(c)IT CONDITIONS CONTRIBUTING	oro DEATH BUT Deintest	NOT RELATED TO THE TERMINING THE TERMINING	NAL DISEASE OR CONI 200 AUTOPSY?		ERE FINDIN	GS USED
CERTIFICATION	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING	TOODITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W	O TO DEATH BUT O-Intest HICH OPERATIO	NOT RELATED TO THE TERMINING THE TERMINING	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOKK	DITION GIVEN  20b. IF YES, W IN CERTIFYIN YES	VERE FINDING IG CAUSES (	GS USED OF DEATH
	cause (a), stating the underlying cause last  PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  DEATH HOUR A.M. MONTH	O TO DEATH BUT O-Intest HICH OPERATIO	NOT RELATED TO THE TERMI inal bleeding N WAS PERFORMED	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOKK	DITION GIVEN  20b. IF YES, W IN CERTIFYIN YES	VERE FINDING IG CAUSES (	GS USED OF DEATH
	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICALEXAM  21d INJURY OCCURRED	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  11b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DIO DEATH BUT D-INTEST. HICH OPERATIO DAY YEAR	NOT RELATED TO THE TERMI inal bleeding N WAS PERFORMED	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOKK	20b. IF YES, WIN CERTIFYIN YES	VERE FINDING IG CAUSES (	GS USED OF DEATH NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICAN  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIF EITHER NOTIFY MEDICALEXAM	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  DEATH HOUR A.M. MONTH NER)  P.M.	DO DEATH BUT DO-INTEST. HICH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERMININAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET	NAL DISEASE OR CONI  200. AUTOPSY?  YES NOKK  ED (ENTER NATURE OF INJUR	20b. IF YES, WIN CERTIFYIN YES	VERE FINDING IG CAUSES ( ) ) OR PART 2)	GS USED OF DEAT NO
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICALEXAM.  21d IN JURY OCCURRED  WHILE NOTIFY MEDICALEXAM.  220.1 certify that (14 this ho	T CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AI HOME, STREET, FACTORY OF	DIO DEATH BUT DINTEST. HICH OPERATIO  DAY YEAR 19  FFICE, FARM, ETC)  MAY	NOT RELATED TO THE TERMININAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOWY  ED (ENTERNATURE OF INJUR  CITY OR TO	20b. IF YES, WIN CERTIFYIN YES CRYIN ITEM 18 PART	VERE FINDING IG CAUSES ( ) ) OR PART 2)	GS USEI OF DEAT
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICALEXAM.  21d IN JURY OCCURRED  WHILE NOTIFY MEDICALEXAM.  220.1 certify that (14 this ho	T CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  21b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AI HOME, STREET, FACTORY OF	DAY YEAR  19  FFICE. FARM. ETC.)	NOT RELATED TO THE TERMINAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR 216 LOCATION STREET	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOWE  ED (ENTER NATURE OF INJUR  CITY OR TO	20b. IF YES, WIN CERTIFYIN YES CRY IN ITEM 18 PART	COUNTY	GS USET OF DEAT NO
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFETHER NOTIFY MEDICALEXAM.  21d IN JURY OCCURRED  WHILE NOTIFY MEDICALEXAM.  220.1 certify that (14 this ho	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. CONDITION FOR W  11b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OF	DAY YEAR  19  FFICE. FARM. ETC.)  TOMAN MAY  19  19  10  10  11  11  12  13  14  15  16  17  18  18  19  19  19  19  19  19  19  19	NOT RELATED TO THE TERMI  Inal bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET  28 19 86  nd that in (mx (our) opinion of DEGREE	VAL DISEASE OR CONI  200. AUTOPSY?  YES   NO **  TO ENTER NATURE OF INJUINATION TO CITY OR TO  10 June  10 June  10 June	20b. IF YES, WIN CERTIFYIN YES CRY IN ITEM 18 PART	COUNTY	GS USECOP DEAT NO
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  270.1 certify that (HYthis has sow the speceosed alive above, (HYWE) (did) (did)	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. CONDITION FOR W  11b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OF	DIO DEATH BUT DINTEST. HICH OPERATIO  DAY YEAR 19 FFICE, FARM, ETC.)  TOM MAY 19 86, or	NOT RELATED TO THE TERMI  Inal bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET  28 19 86  and that in (m) (our) opinion of	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOW A  ED (ENTER NATURE OF INJUR  CITY OR TO  Leath accurred on the do	20b. IF YES, WIN CERTIFYIN YES THE MIN TEM 18 PART	COUNTY	GS USEC OF DEAT NO
	PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)  21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM)  270.1 certify that (HYthis has sow the speceosed alive above, (HYWE) (did) (did)	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF	DAY YEAR  19  FFICE. FARM. ETC.)  TOMAN MAY  19  19  10  10  11  11  12  13  14  15  16  17  18  18  19  19  19  19  19  19  19  19	NOT RELATED TO THE TERMINAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET  28 19 86  nd that in (m) (our) opinion of DEGREE  ATTENDING	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOW A  ED (ENTER NATURE OF INJUR  CITY OR TO  Leath accurred on the do	20b. IF YES, WIN CERTIFYIN YES THE MIN TEM 18 PART	COUNTY	GS USED OF DEAT NO
	Couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAM.  21d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM.  27d IN JURY OCCURRED  WHILE NOTIFY MEDICAL EXAM.  27d IN JURY OCCURRED  270.1 certify that (H4this had sow the deceased alive above, (H we) (did) (did)  27b. SIGNATURE	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF	DAY YEAR  19  FFICE. FARM. ETC.)  TOMAN MAY  19  19  10  10  11  11  12  13  14  15  16  17  18  18  19  19  19  19  19  19  19  19	NOT RELATED TO THE TERMINAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET  28 19 86 and that in (mX (our) opinion of physician  PHYSICIAN	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOW NOTE  CITY OR TO  Leath accurred on the do  MEDICAL STAF  DIRECTOR PHYSIC	20b. IF YES, WIN CERTIFYIN YES THE MIN TEM 18 PART	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USED OF DEATI NO
MEDICAL	Couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION AND COURED  WHILE AL WORK ALL WORK  270.1 Certify that (Fifths has sow the deceased alive above, (Five) (did) (did) 272b. SIGNATURE  272d PHYSICIAN'S NAME (TYPE)  272d PHYSICIAN'S NAME (TYPE)	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. CON	DAY YEAR  19  FFICE. FARM. ETC)  TOMAN MAY  19  10  11  12  13  14  15  16  17  18  19  19  19  19  19  19  19  19  19	NOT RELATED TO THE TERMINAL bleeding  N WAS PERFORMED  216 HOW INJURY OCCURR  216 LOCATION STREET  28  19 86  nd that in (m) (our) opinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOW Y  ED (ENTER NATURE OF INJURE  CITY OR TO  to June  death occurred on the do  MEDICAL STAR  DIRECTOR PHYSIC  Ad General 18  [23d, LOCATION]	20b. IF YES, WIN CERTIFYIN YES THE MIN TEM 18 PART	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USED OF DEATH NO  ST.
MEDICAL	PART 2 OTHER SIGNIFICAN  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OR CONTRIBUTING CAUSE OF OR ETHER NOTIFY MEDICAL EXAMI  21d INJURY OCCURRED  WHILE AT WORK  220. I certify that (It this has sow the deceased alive above. (If wee) (idid) (did  220. SIGNATURE   MICHAEL  BURIAL, CREMATION, REMOV (SPECIFY)	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. CONDITION FOR W  19b. CONDITION FOR W  10b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF  10 June 3  10 June 3  10 June 3  10 June 4  10 June 3  10 June 4  10 June 4  10 June 5  10 June 5  10 June 6  10 June 6  10 June 7  10 June 7  10 June 8  10 June 8  10 June 9  10 J	DAY YEAR  19  FRICE, FARM, ETC.)  734 NAME OF C.	NOT RELATED TO THE TERMINAL bleeding  N WAS PERFORMED  211 HOW INJURY OCCURR  211 LOCATION STREET  28 19 86 and that in (mX (our) opinion of PHYSICIAN PHYSICIAN PHYSICIAN COOR MARYLAN  EMETERY OR CREMATORY	NAL DISEASE OR CONI  200. AUTOPSY?  YES   NO XX  ED (ENTER NATURE OF INJUI  CITY OR TO  to June  MEDICAL STAF  DIRECTOR   PHYSIC  ad General II  23d. LOCATION  CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES ERY IN ITEM 18 PART  WH  3 196  and and hour on  FF  IAN  HOSpita	COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY  COUNTY	GS USEC OF DEAT NO
WEDICAL WEDICAL	Couse (a), stating the underlying couse last  PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER NOTIFY MEDICAL EXAMINATION AND COURED  WHILE AL WORK ALL WORK  270.1 Certify that (Fifths has sow the deceased alive above, (Five) (did) (did) 272b. SIGNATURE  272d PHYSICIAN'S NAME (TYPE)  272d PHYSICIAN'S NAME (TYPE)	IT CONDITIONS CONTRIBUTING  Gastro  19b. CONDITION FOR W  19b. CONDITION FOR W  19b. CONDITION FOR W  10b. TIME OF INJURY HOUR A.M. MONTH P.M.  21e PLACE OF INJURY (AT HOME, STREET, FACTORY OF  10 June 3  10 June 3  10 June 3  10 June 4  10 June 3  10 June 4  10 June 4  10 June 5  10 June 5  10 June 6  10 June 6  10 June 7  10 June 7  10 June 8  10 June 8  10 June 9  10 J	DAY YEAR  19  FRICE, FARM, ETC.)  734 NAME OF C.	NOT RELATED TO THE TERMINAL Bleeding  N WAS PERFORMED  21t HOW INJURY OCCURR  21t LOCATION STREET  28 19 86  nd that in (mX (our) opinion of physician physician physician conditions and conditions are conditions and conditions are conditions and conditions are conditions and conditions are conditionally are conditions.	NAL DISEASE OR CONI  200 AUTOPSY?  YES NOW Y  ED (ENTER NATURE OF INJURE  CITY OR TO  to June  death occurred on the do  MEDICAL STAR  DIRECTOR PHYSIC  Ad General 18  [23d, LOCATION]	20b. IF YES, WIN CERTIFYIN YES CRY IN ITEM 18 PART  WHAT IS A STATE OF THE ART OF THE AR	COUNTY  B6 . to d from the county	GS USEI OF DEAT NO [

STATE OF MARYLAND

26 HOUR 1:00P M IF UNDER 24 HRS

MD.



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201  TO HOSPITAL OR ATTENDING PHYSICIAN The low requirements are the certificate be executed and so intending physicion.  TO FUNERAL DIRECTOR: After this certificate has been seen that the local physician and comments filed in by the fueral director. page 3 should be detached for use as the burnal-transit permit. The local property corporates and the State Dept of Health and Mental Hygiene prior to be common, or remayal.  WAPORTANT: If hem 21 is marked or frem 18 shows any injury at a transmittic event, the medical examiner transmitting or or new contractions.	U	- 0 8	poge 3	0
DIVISION OF VITAL RECORDS, 201 W. PRESTON  TENDING PHYSICIAN The law requires that reach control of a cattending physician.  TOR: After this certificate has Seen since be mainting use as the burial-transit permit. The pital mand Mental Hygiene prior to be common corb of Health and Mental Hygiene prior to be common or or 1 is marked or them 18 shaws any injury, at intermatific.	ST., BALTIMORE, MARYLAND 21201	entiticate be executed and the same of their death. Page	g physicion and commercy miled in by the fugeral directe anpapers. Page: "And the mould be filed within 72 hours a emoval.	event, the medical extension in incharge of order
	DIVISION OF VITAL RECORDS, 201 W. PRESTON	ITENDING PHYSICIAN The law requires that the death ce bital ar attending physician.	TOR: After this certificate has been such because inding for use as the burial-transit permit. The cutcal former carboir the the transit many mental Hygiene prior to be all committees or an analysis or a	2) is marked or flem 18 shaws any injury, at a fraumatic

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH

6 5 4

	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6 5 4 2
	1. DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	RIT	A H.	HOFFMAN	June 1, 1986	3:45Pm
	3. SEX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATS HOURS MIN.
	Female	White	Dec. 25, 1902	83 <sub>YRS.</sub>	
-	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
d	MD	USA	WIDOWED DIVORCED	Baltimore Cit	MD.
100		<ol> <li>NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.</li> </ol>	IG HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY
d	Baltimore /	9	lursing Center	Homemaker	Own Home
	USUAL RESIDENCE (IF NURSING FOME OR (I) 13a. STATE		YES NO D	13. STREET ADDRESS / ZIP CODE 21 Parliament	Ct., 21212
	14. FATHER'S NAME FIRST A	MIDDLE LAST	15. MOTHER'S MAIDEN NA/	MIDDLE	IAST
	Ivan L	• Hoff	Christine		
d	160 WAS DECEASED EVER IN U.S. ARA	E WAR OR DATEST		ADDRESS	D-10- AAD
	No	213 48 5	5128   Charles E.	Hoffman, Jr.	Balto., MD
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  DUE TO, OR AS A CONSEQUE  (c)	dimetas:	Julius Julius Julius MALD ISEASE OR CONDITION GIV	6mo 2y1.
	19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S, WERE FINDINGS USED
1	E .			anna berka	YING CAUSES OF DEATH?
7	OR CONTRIBUTING CAUSE OF DEAL	HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART ?)
	ZId INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM ETC)	CITY OR TOWN	COUNTY STATE
	27a I certify that (I) (this hospit saw the deceased alive on above, (I) (may this fide not 27b SIGNATURE	2/6 195	and that in (my) (a pinion of DEGREE	death accurred on the date and hou	19 26, that (I) (am lost ond from the couses stated
	121d PHYSICIAN'S NAME (TYPE OR	Freeman	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/2/86
		R. Freeman, Jr		Charles St., E	Balto., MD
	230 BURIAL, CREMATION, REMOVAL Cremation		NAME OF CEMETERY OR CREMATORY  Green Mount	Balto.,	COUNTY MD STATE

DHMH - 16 50M 4/83

(VRA 15, 4)

BP.

24 FUNERAL DIRECTOR

Henry W. Jenkins & Sons Co. 4905 York Road Balto, MD

21212

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

This said the said th The second of th contribution that it is a series 是1.344、产品的产品的产品。1.54.56 an inguisti ngut interested in the surger participation of the metal in The state of the s

1	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
AL OR ATTEN	ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 leads offer death. Page 4 may be the hospital or attending physician.	
AL DIRECTOR: detached for us	AL DIRECTOR, After this certificate has been signed by the ottending physician and campletely filled in the uneral director, page 3 detached for use as the buriol-transit permit. Then please remove carbonpopers, Pages 1 and 2 should be the plant of the	

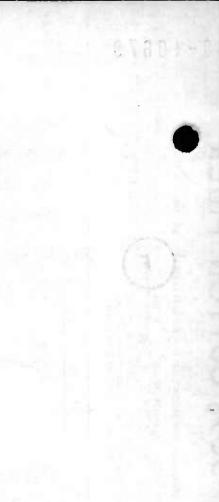
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60-	-09	83	3	1-	STATE REGISTRAR		ULFA		ICATE OF DEA		REG. N	D.	6 9	6-1	
	4.	n £			CEASED NAME FIRST OR PRINT)		WIDDLE		LAST		6/14/86	MONTH D	DAY YEAR	26 HOUR	
	y be	pode deot	-11		CARL		EMOSS E	EMMONS	HOFFMAST						M
	e e			3. SE)		4. RACE		5. DATE (	DF BIRTH	YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS	24 HRS
	ge 7	ors of			MALE	WHITE		5		25	61	YRS			
	P	2 hor	20		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8.	D NEVER MAR	RIED -	BALTIMORE CITY O	R COUNTY	OF DEATH		
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= /	1 1/		10		TY OR TOWN OF DEATH  Baltimore	(IF NOT IN SU	HOSPITAL, NU JCH FACILITY, GIVE S' AMES HO	TREET ADDRESS)	OR OTHER INSTITU	TION	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Trucking		INDUSTRY	of BUSINES	
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AND 3	224	hould	35	Ma	-	timore	Lansdo				202 Fourth		21.22	7	
MARYLAND 21201	d with	and 2 s	30	14. FA	THER'S NAME FIRST Charles	MIDDLE	Hoff	master	15. MOTHER'S MA		E		Wi.1	ist 1e	
	scote	a			AS DECEASED EVER IN U.S. A		-	ECURITY NO.	17 INFORMANT	Dioic	ADDRE	SS	V V. I., al.	1.0	
WO	e x	Poges	2	()		II	212-20	-4993	Hazel M	. Hoff	master 202	Fourt	h Ave	- 21	227
., BALTIMORE,	ficate b	popers. novol.			18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse pe SED BY:	er line far (o), (b	, and (c), )	EDEN				BETWEEN	NIMATE INTERNO	DEATH.
N ST	cert	r ren	4.2		IMMEDI	ATE CAUSE (a)		100	ار ا	**/*				10 (-)	_
STO	deoth	nove corb otion, or			Conditions, if any, which		MASSIV	E CAS	TRAINTE	CTIAL.	AL HEMOI	PHAL	# 24	-48	ItR.
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3	thot	by to se r			underlying cause lost.	(6)	GAST	RIC	ULCER	_			(		
05, 201	orres t	hen plea		Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING	TO DEATH BUT			NAL DISEASE OR CON	DITION GIVE	N IN PART 1	la	
DIVISION OF VITAL RECORDS,	Pe	i. T	_	CERTIFICATION	19a DATE OF OPERATION	19h CONI	DITION FOR WE	HICH OPERATIO	N WAS PERFORMI	ED	20a AUTOPSY?	T20h IE YES	, WERE FINDI	INGS LISED	
E S	o .	Derm ne pr		FIC,	6/14/16	C	ACTRIC	- ULC			/	IN CERTIFY	YING CAUSES	S OF DEATI	H?
ITAL	The	nsit ygie	-	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY	- 000	01	RY OCCURRE	YES NO	1	ARI L OR PART 21	NO [	
> P	Phy .	Introduction Introduction			OR CONTRIBUTING CAUSE OF D						(6.11)				
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VISIO	G PH	the ond		ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OF	FICE, FARM ETC }	STREET		CITY OR TO	WN	COUNTY	ST	TATE
ā	Não :	Se os the colth ond			22a.   certify that (I) (this has	pital) attended t	the deceased fro	am		19	to		19	, that (I) (w	ve) lost
	TEN	of H			saw the deceased alive of	n					eath accurred on the d	ate and haur			
	OR All	Ched Ched			above, (I) (we) (did) (did i 22b. SIGNATURE	at view the bad	y after death.		DEGREE				22c. DATE	E SIGNED	
10					James ?.	anlo		1	A D ATTE	NDING	MEDICAL STA	IAN F	- 6/	14/8	6
	SPIT by	be det	1		224 PHYSICIAN'S NAME (TYPE	ORPRIN			22e ADDRESS	oleant D	Jane Con			72,	
		should be deto with the State			JAMES	E. TA	YLOR, 1	m.D.	ST.	AG	UES HO	SPIT	AL		
	0 a	o de x			URIAL, CREMATION, REMOVA			23c. NAME OF	EMETERY OR CREA		23d LOCATION				
	BP_			(	Burial	6/18/	/86	Cedar I	Hill Ceme	tery	Brooklyn F	k. A.	.A. Ma	arylai	nd
	DHMH -	16 60M 7	/84	24_FU	INERAL DIRECTOR		ADDRI		21229	25a. DATE	DECID BY DECICEDAD	AU DECKET	DARK 510.11	TURE	D-10
		A 15, 4)	3-	Hi	abbard Funeral	Home, I		7 Wilke		JU	N 1 8 1986	guest	RAR'S SIGNA	Markon	

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) OF OUR FILES. 72 HOURS ON STREET. 19 86 CHARLES DEATH MATED HOLCOMBE 6 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR DATE DAY YEAR LAST BIRTHDAY PRONOUNCED 12;07 1986 DEAD 60 26 76. CITIZEN OF WHAT COUNTRY? 7n BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY MARYL AND DIVORCED Baltimore City I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Baltimore Union Memorial Hospital SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYL AND BAI TIMORE 3800 GREENMOUNT AVENUE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST FIRS1 MILTON HOLCOMB AURETTA THOMPSON 60. WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 218749364 TRIPPE 4318 OLD YORK RD ORD "PENDING" IN PENCIL IN TEM 18 TO ORD "PENDING" IN PENCIL EXAMINER ALONG WITE USED AS A BURIA". TRANSIT PERMIT, AT OF HEALTH AND MENTALAPYGIENE, DIVINIAL CREMATION, OR REMOVAL. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Gunshot wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD,"PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 20 AUTOPSY? YES Y NO [ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND NOTH DAY YEAR UNDERLYING XOR 10 P.M. 6-24- 19 86 CONTRIBUTING CAUSE OF DEATH Subject shot. THE PLACE OF INJURY (AT HOME 214. INJURY OCCURRED II. LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE street 3600 blk. Greenmount Ave., Balto. City MD St. 22a. I certify that I took charge of the remains described above, held on and in my opinion Homicide X deoth resulted from: Accident Undetermined monner Notural couses TITLE (SPECIFY) ACTUAL 6-25-86 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURTAL 6-30-86 BALTIMORE BALTIMORE MARYLAND 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 WM.C.MARCH F/H INC. 1101 EAST NORTH AVENUE (VR A15 ME (5))

STATE OF MARYLAND



CONTRACTOR AND STREET

FOR STATE REGISTRAR

should be detactive with the Store

BP.

DHMH - 16 60M 7/84

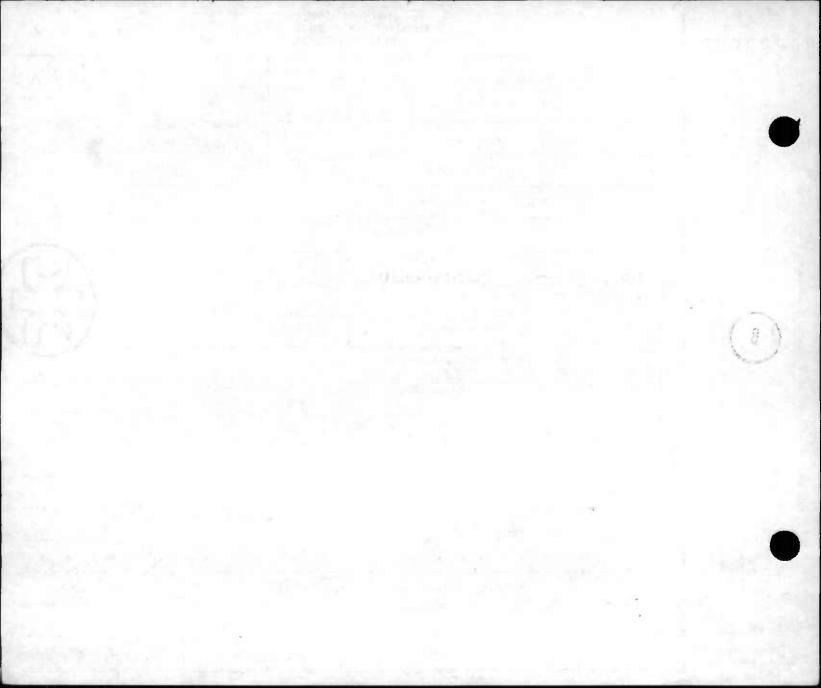
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
CERTIFICATE OF DEATH

		CEASED NAME FIRST	^	AIDOLE	t.	AST		20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
	(ITTE	DOR	IS		HO:	LMES		JUNE 11, 1986		12:51 %
	3. SEX		4. RACE		5 DATE C			6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	F		В		MONTH 7	22 22	YEAR 40	45 YRS	MONTHS DAYS	HOURS MIN.
Ć.		RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8			BALTIMORE CITY OR COUNTY	OFDEATH	100000
1		OUNTRY)	TT C A		WIDOWE	NEVER /	VORCED	BALTIMORE CITY		MD.
5		ORGIA	U.S.A	OSPITAL, NURSIN				120 USUAL OCCUPATION	126. KIND O	F BUSINESS OR
2	BA	LTIMORE	(IF NOT IN SUC	HOPKINS	AODRESS)			TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY	
		L RESIDENCE (IF NURSING HOM				TVTI	230	CASHIER		
詽	13a S	TATE 136. CO	YIMUC	13c. CITY OR TOW	N	13d. INSIDE C		13e.STREET ADDRESS / ZIP COD		205
54		RYLAND		BALTIMO	RE	YES X	MAIDEN NAM	2012 E.EAGER ST	TREET 21	.205
	I4_FA	THER'S NAME FIRST	MIDDLE	LAST			FIRST	WIDDLE	LAS	
2		OBE		ALLEN		MOZ			MAXV	VELL
700		AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDRESS		
	N			21336419	99	EDWAR	D HOLME	ES 2012 E. EAGER		
		18 CAUSE OF DEATH (Ente	r only one couse per	line for (p), (b), gno	d Ic/I	50			BETWEEN	MATE INTERVAL
ã		PART I. DEATH WAS CA	USED BY. DIATE CAUSE (0)	Certral	her	ratio	2		36	~
3				R AS A CONSEQUE	NCE ØF	Λ.			171	
81		Conditions, if ony, which		Brains	neta	task			In	ours
31	10	gove rise to immediate couse (a), stating the		R AS A CONSEQUE	NCE OF	01	1	0 1	2	
M		underlying couse lost		Saumo	000	ella	Ank	long wouth	64	10
	7.5	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PAR	
h	0								V	
17	CERTIFICATION	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED		S, WERE FINDIN	
-	TIF				-				ES	NO [
0	CER	210. ACCIDENT WAS UNDERLYING			WEAR	21c HOW IN	JURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
4		OR CONTRIBUTING CAUSE O	DEATH	M. MONTH DA	AY YEAR					
1	MEDICAL	21d INJURY OCCURRED	21e PLACE		17	211 LOCATIO			COUNTY	STATE
	ME	WHILE NOT WHILE	(AT HOME STR	PEET FACTORY, OFFICE F	ARM, ETC )	STREET		CITY OR TOWN	COUNTY	STATE
	333	220 I certify that (I) (this h	ospital) attended th	e decensed from	61		19 95 6	to 6/11	19.50	that (1) (we) last
		sow the deceased alive	on lel	19 5	86/.01	nd that in (my)	, , ,	death occurred on the date and ha		
	- 1	obove, (1) (we) (did) (die 22b. SIGNATURE	d not) view the body	ghrair digath.		DEGREE			22. DAYE	SIGNED
	100	(X)\	000	/			TTENDING _	MEDICAL STAFF	- 61	1/
+		22d PHYSIC A AME (	DE OR DOINT			22e ADDRES	PHYSICIAN L	DIRECTOR   PHYSICIAN	10/	66
	1	220. FITTSICE TANKE (I	C O	12	~	75	31/1/	- 21201111	10	
1		JD+	N 15 61	183 (1	17	1 1	MICE	TOOK IN	) >	
		SURIAL, CREMATION, REMO				EMETERY OR	CREMATORY	236 LOCATION CITY OR TOWN	COUNTY	STATE
		BURIAL	6-16-	86	BALTI	MORE	Into CAT	BALTIMORE		TAND
4	1	INERAL DIRECTOR		ADDRESS			230 DAI	REC'D. BY REGISTRAR 256. REGIS	TRAKS SIGNAL	pondatte
	N	M.C.MARCH F/H	INC. 110	1 E.NORTH	I AVE	WE	.0	0 800 Jan		

BUTTO BERTHAND THE STREET 305 

08965	1.	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL  CERTIFICATE OF DEATH	HYGIENE 8 6 REG. NO.	6 6 4 6
oge 3 deoth	1 DE	CEASED NAME HERST HERST	MIDDLE	Holms		1 86 1-2 JAM
ge 4 moy ector. po	3 SE	× F	RACE N2	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
in 72 hours of the safe of the	70 B	RTHPLACE (STATE OR FOREIGN 7)	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore CITY OR COUNTY	OF DEATH  MD.
rs ofter d by the fu	0. C	Bult 0	1. NAME OF HOSPITAL, NURSIN	ADDREST) General	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF) Housewife	12b. KIND OF BUSINESS OR INDUSTRY
filled in fould be		AL RESIDENCE (IF NURSING HOME OR O			13e.STREET ADDRESS / ZIP CODE	21218
ond 2	ly F/	THER'S NAME FIRST M	DDLE LAST	15. MOTHER'S MAIDEN	WIDDIE	LAST
on ond co		VAS DECEASED EVER IN U.S. ARM VES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECU WAR OR DATES) 217-01-4	Patetic	chent ADDRESS	
ilicote la interpretarion de la poperarion de la poperari		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Ond	dis Respica	tos ant	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
B attroduction, or r		Conditions, if any, which	DUE TO, OR AS A CONSEQUI	Piration	V	
thot dead		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OCAS A CONSEQUI	ENGE OF the green	distra aldoril	Culls me
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cion.	CERTIFICATION	190 DATE OF OPERATION	Wide Ppu	cad Malisnan	YES NO NO YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SICIAN: ng physis ng physical certifical urial-transmental Hymen 18 stem 18 st	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19	CURRED (ENTER NATURE OF IN) DEC IN ITEM 18 P.	ART ( OR PART 2)
ING PHY r ottendi After this os the bu lth and M iorked or	WED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	FARM ETC 211 LOCATION STREET	FITY OR TOWN	COUNTY STATE
ATTEND ospitol o ospitol o d for use of Heo m 21 is m		220 I certify that (I) (this hospital saw the deceased alive on	0/0/19	To the second se	nion death occurred on the date and hour	
by the hore by the hore by the hore by the hore detoched Stote Department. If the		22d. PHYSICIAN'S NAME TYPE OF	12 Sax	DEGREE ATTENDIN. PHYSICIAI  220 ADDRESS		0/0//86
CO HOSPITAL eroined by the TO FUNERAL should be deflowith the Store		B. N	olan, m	.p. Noil	h chails ben	horp.
BP		SPECIFY) Removal	23b. DATE 23c. 1	NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR NAME  tate Anatomy	Board Ba	alto. Md.	DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE

STATE OF MARYLAND



STATE OF MARYLAND

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6	1	6	0	-	
REG. NO.					

REGISTRAR		CERT	IFICATE OF DEA	in	REG. NO.			
. DECEASED NAME FIR	ST	WIDDLE	LAST		20. DATE OF DEATH MO	NTH DAY	YEAR	2b. HOUR
			schuh		June 5, 198			7:40P M
3. SEX	4. RACE		OF BIRTH		AGE (IN YEARS LAST BIRTHD	MONTHS	DAYS	HOURS MIN.
Female	Whi	te "	9 25	95	90	YRS.		
To. BIRTHPLACE (STATE OF FOREIG	N 76 CITIZEN OF	WHAT COUNTRY? 8		9	BALTIMORE CITY OR	OUNTY OF DE	ATH	
Maryland	U.S.A	. WIDO	VED NEVER MAR	RCED 🗌	Baltimore			MD
Baltimore	(IF NOT IN SUC	HOSPITAL, NURSING HOMI CHFACILITY, GIVE STREET ADDRESS) AND GENERAL H			120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W RETURED	ORKING LIFET 12b	CIND OF USTRY	BUSINESS OR
USUAL RESIDENCE (IF NURSING H								
	COUNTY	Baltimore	13d. INSIDE CITY YES XX NO	LIMITS? 1	30 STREET ADDRESS / Z	Potomac	St.	21224
4 FATHER'S NAME			15 MOTHER'S M.	AIDEN NAME				
William	WIDDLE	Gossage	Cath	erine	WIDDLE		rkLAST	
60 WAS DECEASED EVER IN U		166 SOCIAL SECURITY NO			ADDRESS			
(YES, NOOR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	216-01-3017	Margare	et E. (	Jank 811 S.			
18 CAUSE OF DEATH (Er	nter only one couse per	line for 10), (b), and 10				.80	I WEEN O	NATE INTERVAL
PART I. DEATH WAS C	AUSED BY:	Acute Myocard	ial Infar	ction				
		D. A.C. A. CONICCOLIENICE OF						
Conditions if an Is		r as a consequence of Congestive He		ro				
Conditions, if ony, whi		ongestive ne	art rarra.					
underlying cause lo	DOL TO, O	R AS A CONSEQUENCE OF						
onderlying coose in	( (c)	Aortic Stenos	15					
	ANT CONDITIONS CO	ONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMIN	AL DISEASE OR CONDIT	ION GIVEN IN P	ART 1 o	
NO DATE OF OPERATION  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYI								
NO DATE OF OPERATION	19b. COND	ITION FOR WHICH OPERAT	ION WAS PERFORM	ED		Db. IF YES, WERE		
Ē					YES NO NO	YES 🗆	AUSES (	NO [
210. ACCIDENT WAS UNDERLY	ING   21b. TIME C	OF INJURY	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJURY II		PART 2)	
00 000110111111111111111111111111111111	110110 1	M. MONTH DAY YEA	R					
I IF EITHER NOTIFY MEDICAL EX		M. 19						
(IF EITHER NOTIFY MEDICAL EX	LAT HOME ST	OF INJURY REET, FACTORY OFFICE, FARM ETC 1	21f LOCATION STREET		CITY OR TOWN	COL	YTAL	STATE
AT WORK NOT WHILE						4 - 5-25	200	
22a.1 certify that X (this	hospital) attended th	ne deceosed from June	2	19.86	June_5	, 19_8	6_,1	hot (we) lost
sow the deceased at	ive on June	5, 19 86	and that in (XX) ou	r) opinion de	eath occurred on the date	ond hour ond fr	om the c	ouses stoted
22b SIGNATURE	View the body	offer deoth.	DEGREE			1220	. DATE S	SIGNED
CV. 1.1	· Nocle	- HD		NDING	MEDICAL STAFF	/	11/	100
XMIGHO	Tille	11.		SICIAN [	DIRECTOR PHYSICIA	ND E	16/	26
22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	1. 5	22e ADDRESS			/	-	
1. Lak	ONOFL	LE N.I	C/0 1	Marula	nd General H	lospital		
230 BURIAL CRÉMATION, REM	OVAL 23b. DATE	23c. NAME O	CEMETERY OR CRE		23d LOCATION			
(SPECIFY) Burial	6-9-	86 Oak	Laun Com	4	E CITY OR TOWN	3-11 COUNT	MJ	STATE
24 FUNERAL DIRECTOR	1 - / 0	~   Owt	Luir eme	1250 GANE	REC'D BY DECK TRADE	DEGIS A	112	ips - L
	·1 - 0 C	ADDRESS C	- 11.	JUN	6 100	ولمانيال عام	1	Marine
Charles J. Le	uer & Jon	Inc. 901 S.	onkling S	2	0	-		
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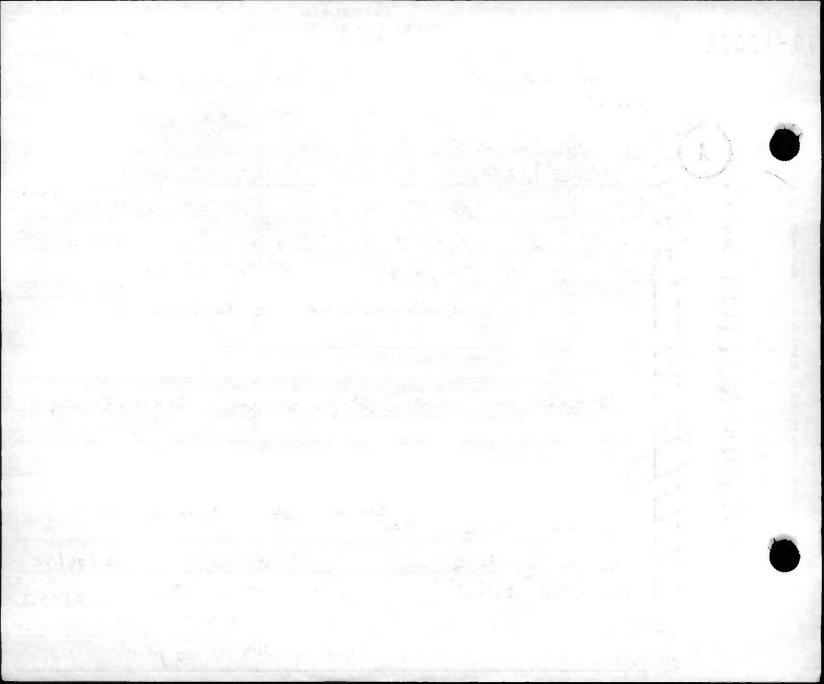
DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR: After should be detoched for use o with the State Dept. of Health

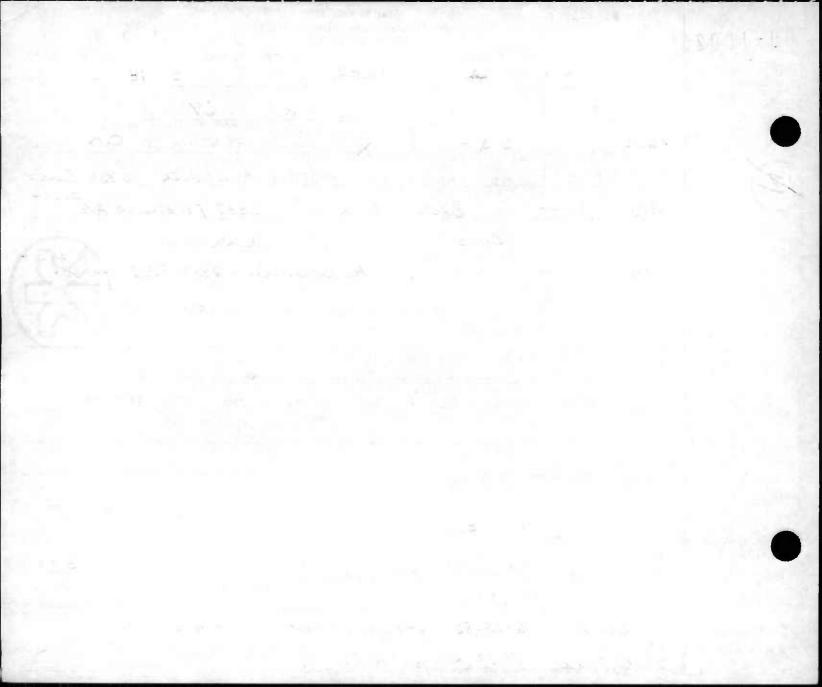
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IVISION OF VITAL RECORDS, 201 W. PRESTON ST., BAITIMORE, MARYLAND 21	SAPE
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				STATE OF MARYLAND		
58	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 6 REG. NO.	6 6 4 8
death		CEASED NAME FIRST OR PRINT)		HOOD, JR.	20 DATE OF DEATH MONTH  JUNE 2	7,1966 M
36	3. SE	MALE	WHITE	5. DATE OF BIRTH  MONTH  DAY, 1930	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7	1	ALTO, MO-	UIS, A.	WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY	CITY MD.
٧	10. C	ALTIMORE.	172/21 DONG	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORMFOR MOST OF WORKING LE	
35	13a. :	AL RESIDENCE (IF NURSING HOME OR O	Y 131. CITY OR TO	YES NO [	13e STREET ADDRESS X ZIP COOL	SA WAY 21239
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- Medico	160.	VAS DECEASED EVER IN U.S. ARM VES MOORUNKNOWN)  IF YES, GIVE V  W. W.	MAR DE DATES)	-6806 17. INFORMANT	MILY RECORD	205
embedi.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY:	o ameters o	y Brania	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
other traumatic	11/16	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE PROPERTY OF		7	
nemple r to burio mury, or	NOI	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	VEN IN PART I (0)
one bee	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
entol Hyg	¥	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH I	DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM TB.	PART I OR PART 2)
h and M	MEDIC	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
of Healt	1	220.1 certify that (1) (this haspital saw the deceased alive on above (1) we) (did) (did not).	l) attended the deceased from	86, and that in (my) (our) apinion	death occurred an the date and have	19
Store Dept.	1	22b. SIGNATURE	or Hostro	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR   PHYSICIAN	6 ( 29 ( )C
1 8	1	22d. PHYSICIAN'S NAME (TYPE OR	YORKOTT	7 600	Osler Dr.	21207
<u> </u>	230.	JURIAL, CREMATION, REMOVAL	JUNE 31, 84 19	NAME OF CEMETERY OR CREMATORY	4 PARTITION LE	BATTO. O. MD
60M 7/B4 15, 4)	24 F	INERAL DIRECTOR PANS CHAPPEL	- OF MEMORE	PHS, PARKULUS DA	TE REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
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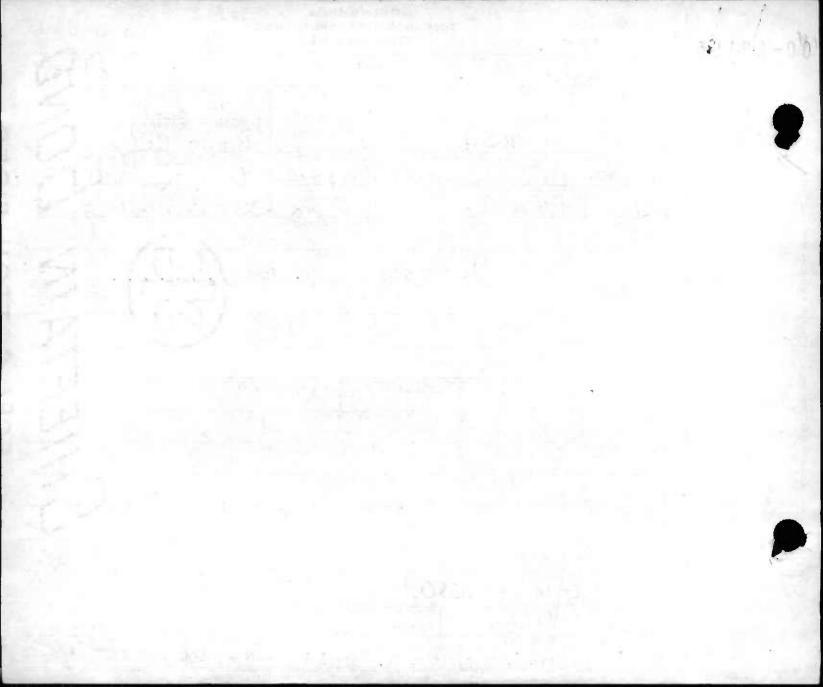


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urs ofter d		3. SE	FEMALE		OHITE	5. DATE OF	BIRTH DAY S / YEAR 16	6 AGE (IN YEARS LAST BIR	YRS	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
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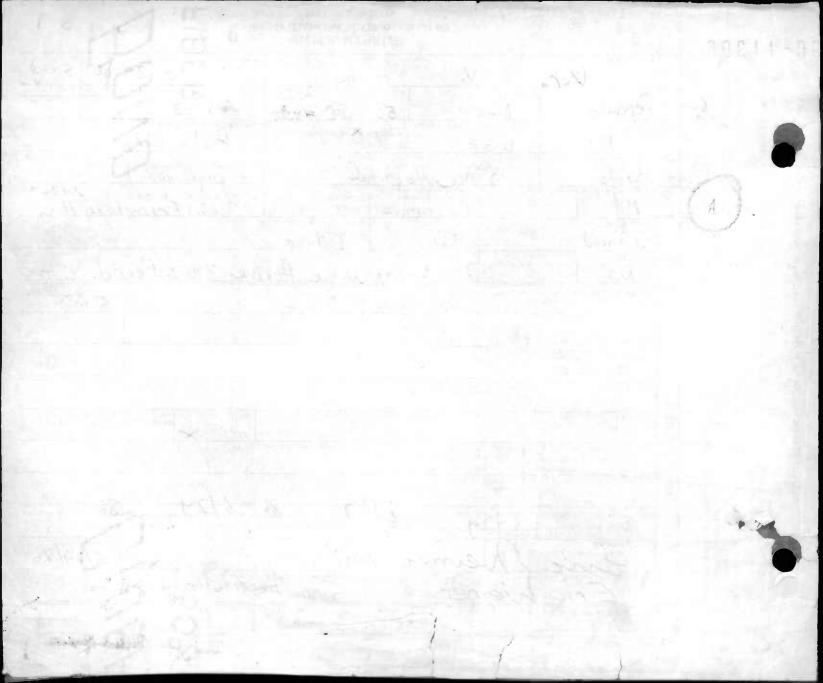


DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND



00-11306	1 - STATE REGISTRAR	G 617 7/31/86 CW DEPAR	STATE OF MARYLAND STMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	6651
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deoth. Pour principle of the principle o	To. BIRTHPLACE (STATE OR FOREIG	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or coun	ity MD.
rs ofter of with the for	Ba Ho	(IF NOT IN SUCHEACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION FOR DITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	( 12% KIND OF BUSINESS OR INDUSTRY
AND 212		ME OR OTHER INSTITUTION, GIVE RESIDENCE BEA	YES X NO	3/12 Fer	ndale Ave
ed within	14 FATHER'S NAME Edward	MEIGHT Dan	15 MÖTHER'S MAIDEN NA	WIDDIE	LAST
BALTIMORE, cote be execu- sicion and co ppers. Pages 1 vol.	160. WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) [IF	S. ARMED FORCES? 166 SOCIAL SE ES, GIVE WAR OR DATES] 212-3	5-9984 Willie Hoi	ne 3102 F	Ferndale Ave
ST.,	PART I. DEATH WAS C	EDIATE CAUSE (0)	aryteny Amest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  3 MIN
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DIVISION OF  NG PHYSICIA  of the building of the building of the building of the building or t	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, PACTORY, OPFIC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
Spival or CTL*8: A for user of Healt	sow the deceased of	hospital) attended the deceased from	X les	death occurred on the date and i	, 19 6, that (I) (we) lost hour and from the causes stated
the horal DIRE	22b. SIGNATORE	- Meine	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	274 DATE SIGNED 6/29/86
TO HOSPITAL February Brown by the TO FUNERAL Should be deto with the Store LIMPORTANT: #	22d. PHYSTCIAN'S NAME	(TYPEORPRINT) Leiner	220 ADDRESS Sinai	ospital of	BoHo.
BP	230. BURIAL, CREMATION, REM (SPECIFY) Burial	1	arrison Forest Vet		TIC HAIL
DHMH - 16 50M 4/83 (VRA 15, 4)	March Funeral	Home Most 4300	labash Avenue	E REC'D. BY MEGISTRAL SINCREG	BINES SEMENDANCE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	0
	- (
HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours offer materials and may be considered by the hospital or attending physician.	9
FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in the time of another page 3	3
wid be detached for use as the burial-transit permit. Then please remove carbanpopers. Pages 1 and 2 shayld be Hed Firm 7 approached at the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.	71

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR CTYPE OR PRINTE Cornelia B. Horton 11:21 June 9, 1986 4 RACE 3 SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH DAY Female Black 24 1922 64 TO BIRTHPLACE ISTATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City N. Carolina WIDOWED DIVORCED ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Maryland General Hospital Baltimore P. N. Nurse Hospital 130 STREET ADDRESS / ZIP CODE 3007 Belmont Ave. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a STATE 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore, Maryland 21216 Baltimore Maryland YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Carev Perry Jessie Yarhough 3007 Bermont Avenue 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN Baltimore, Maryland 21216 227-32 -3125 No. Andrew Horton 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cardiopulmonary arrest IMMEDIATE CAUSE (o. DUE TO, OR AS\_A CONSEQUENCE OF Chronic renal failure Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost Cerebrovascular accident PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY 211 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM ETC 1 STREET NOT WHILE June 9 86 sow the deceased alive on June 9 above, in the last of the body after death and that in (m) (our) opinion death accurred on the date and have and from the causes stated 22h SIGNA DEGREE 22c. DATE SIGNED PHYSICIAN | DIRECTOR | PHYSICIAN c/o Maryland General Hospital 14.10 23PHANT BECENHEY ETCREMATORY ST 23d LOCATION CITY OF TOV 23a BURIAL CREMATION, REMOVAL Burial 6/14/86 Church . Cemetery Franklin Co. 24 NUTRAL PORE CORSONS FUNERAL HOME, INC. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

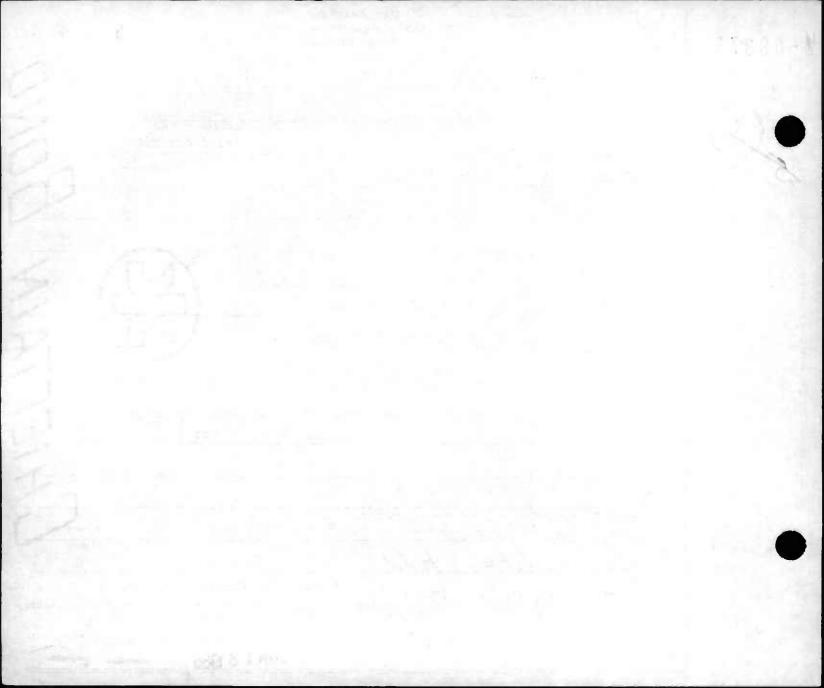
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MPORTANT

2501 Gwynns Falls Pkwy. Baltimore, Md. 21216







6010 REISTERSTOWN RD. BALTIMORE, MARYLAND 21215

250 DATE REC'D, BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84



STATE OF MARYLAND

23¢ NAME OF CEMETERY OR CREMATORY

June 30,1986 Meadowridge Mem.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR "Teonard J. Ruck Inc. Baltimore, Maryland

23a BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

Dorsey Howard 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND

	DEPART	MENT	OF HEA	LTH AND	MENTAL	HYGIENE	5
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REG. NO.	REG. NO.	6	6	5	
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	REG	ISTRAR		MEL	ICAL EXAMINI	K'S CERTIFIC	CATEOF	DEATHO	REG. NO.	0	1
	DECEA!	SED NAME	FIRST		WIDDLE	LAST		20. DATE KN	IOWN A	MONTH DAY	YEAR 26 HOUR
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3.5	SEX	4. RAG	CE	5 DATE OF BIRTH	6 AGE (IN YEAR	S IF UNDER 1 YR.	IF UNDER 24 H		M	AONTH DAY	YEAR 2d HOUR
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La		PLACE (STATE OR		76. CITIZEN OF WH		MARRIED KINE		9. BALTIMO	E CITY OR C	COUNTY OF DEA	
10	M	ichigan		USA	A	WIDOWED	DIVORCED		nore C	itu	MD
10.	CITY	R TOWN OF DE	ATH		PITAL, NURSING HOME,	OR OTHER INSTITUT		a. USUAL OCCUPA	TION (TYPE OF	WORK 126 KIND	OF BUSINESS
	Bal	timore			chdale Avent	ie. Apt. I	D	FOR MOST OF WORKIN	S LIFE)	OKIN	IDUSTRY
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-	FATHE	R'S NAME				15. MOTHE	ER'S MAIDEN N	VAME			
5		John Tohn		MIDDLE	Host	F	IRST	MIDD	known	LAST	
160	. WAS	DECEASED EVER	R IN U.S. ARA	MED FORCES?	166. SOCIAL SECURITY	NO. 17. INFORM	MANT		ADDRESS		100
	(YES, NC	NO UNKNOWN)	(IF YES, GIVE V	WAR OR DATES)	160-11-160	8 Mrs.	Gladys	E. Host	608 Hi	ighland /	Avenue
-	18	CAUSE OF DEA	TH (Enter onl	y ane cause per line t	for (a) (b) and (c))						DXIMATE INTERVAL
		PART I DEATH V	VAC CALICEC	N DV	teriosclero	tic Cardi	ovaccul	ar Dicoa		BETWEEN	N ONSET AND DEATH
× ×			IMMEDIAT		AS A CONSEQUENCE O		ovascui	al Diseas	50		
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NO.							W CONTRACTOR				
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513	UN	DERLYING	OR CAUSE OF D		MONTH DAY YEAR						
1	21d	INJURY OCCUR	RED	21e PLACE O	FINJURY (ATHOME,	21f LOCATION	15 5				
1	E WH	WORK AT V	WHILE [	STREET, FACTO	DRY, FARM, ETC.)	STREET		CITY OR TOWN		COUNTY	STATE
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	, de	eath resulted from	M: Notur	al causes XX	Accident L. Suic	ide 🔲 , Hamic		Indetermined mann	er .		
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1	EXA	MINER'S NAME	Marca	rita A V	oroll M.D.		111 Do	enn Stree	- Bal	to Md	21201
22.		PE OR PRINT)	Marda	ILILA A. K	orell, M.D.	ADDRESS_ ETERY OR CREMATO		3d LOCATION	, Dal	co., Ma.	21201
736	(SPECIF	Cremati	Lon	6/19/86	Westview	Cremator	y	Baltim	ore	Marylan	nd STATE
		RAL DIRECTOR						D. BY REGISTRAR			
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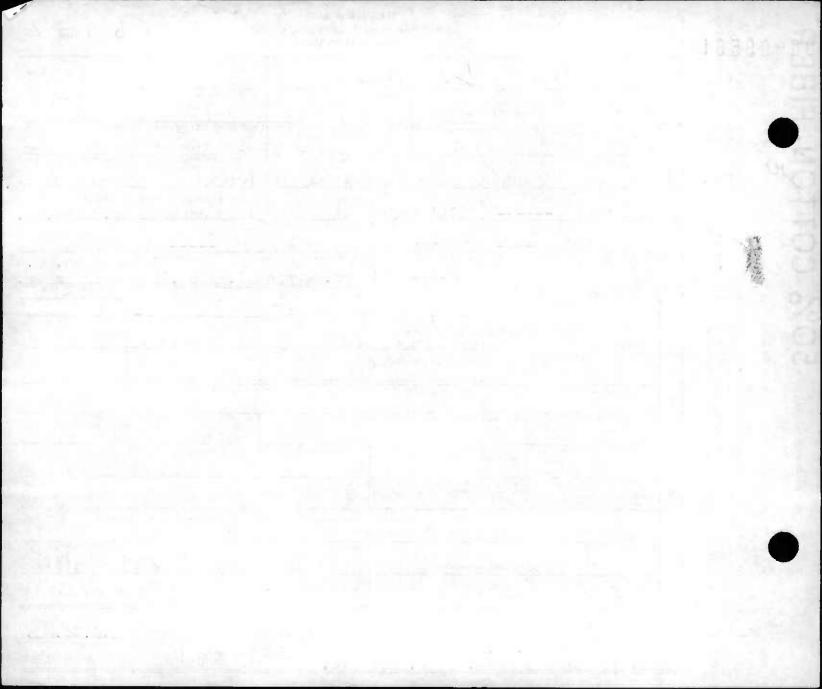
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 901	IO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate in the part of the matter of the result. Toge 4 may be	retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicing and conversely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages in a should be filled within 72 hours ofter death	with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

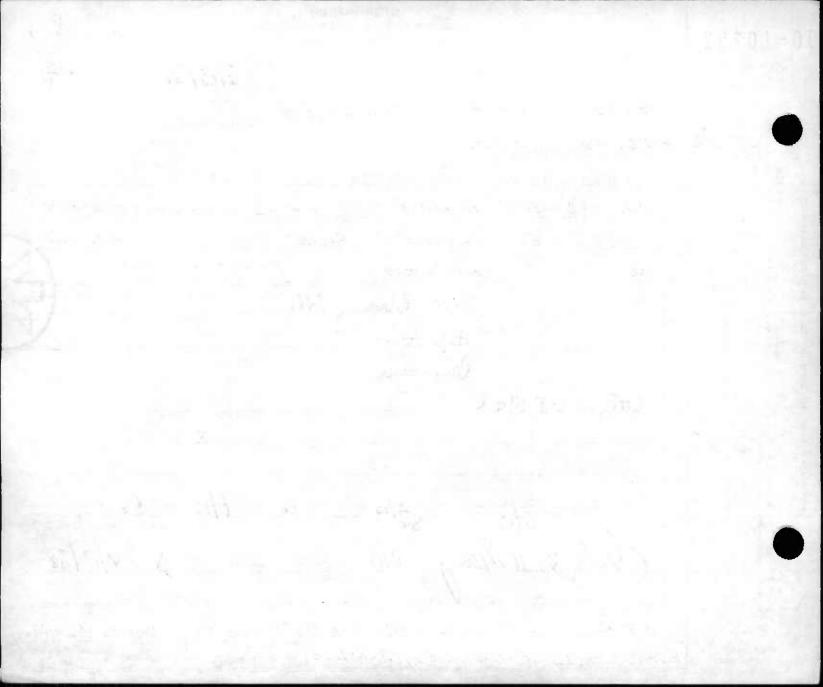
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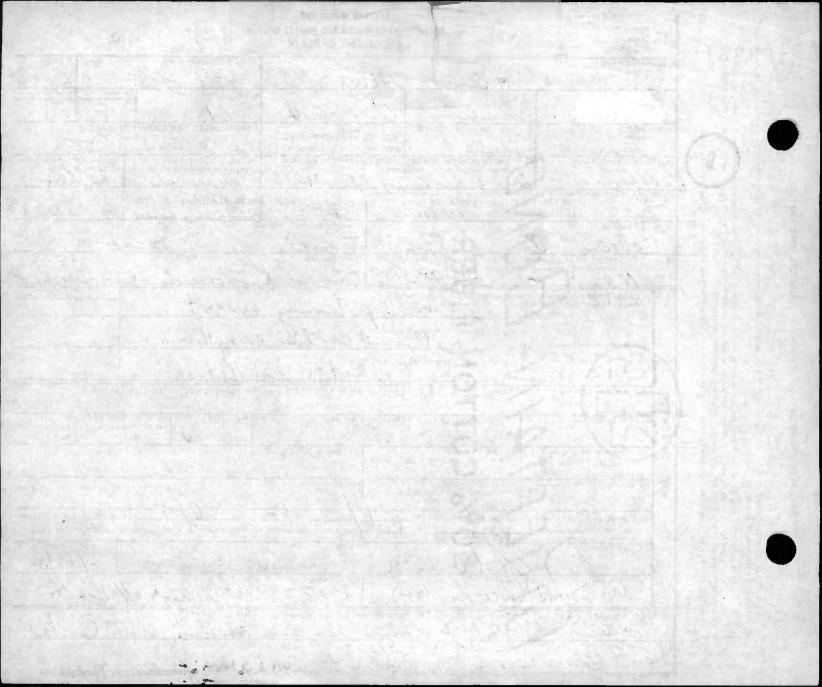
					STAT	E OF MARYLAND				
	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	NO.	6 6	5 /
		CEASED NAME FIRST		MIDDIE	. 1	AST	20. DATE OF DEATH	MONTH C	AY YEAR	26 HOUR
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	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST	IRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HE
		male	cauc	asian	MONTH	DAY YEAR	73	YRS	ONTHS DAYS	HOURS M
:01	70. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	11.00	OF DEATH	
t o		Maryland	u.	S.A	WIDOWE		Bautin	nore	City	
Sulfied &		TY OR TOWN OF DEATH			G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS
65	B	autimore	V	Saltimore	1	eral Hospital	retired	OF WORKING LIFE	Coca	Cola
fber	USU.	AL RESIDENCE (IF NURSING HOME COLTATE 136 COL	R OTHER INSTITUTION		ADMISSION)	136. INSIDE CITY LIMITS?	13e STREET ADDRESS	Zaldan	500	770
mus som		aryland =		Baltimo		YES X NO		ckson		Ito. N
Dec	_	THER'S NAME	MIDDLE			15. MOTHER'S MAIDEN N	AME	CABOII	DI DO	- Lulian
Y	1	Leonard	WIDDLE	Houc	k	Ethe 1	WICDLE		Mars	hall
col	160 V	VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU		17 INFORMANT	ADD	RESS 2127		to Mo
1/	(	YES, NO OR UNKNOWN) (IF YES G	IVE WAR OR DATES)	216-10-	7511	Mrs.Berni	ce T House		, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COM
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ows ony	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?  YES NO		WERE FINDIN	
lem 18 sh	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI			Y YEAR	21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF IN	TURY IN ITEM 18 PA	ART I OR PART 21	
rkedorl	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F.	ARM, ETC )	21f LOCATION STREET	CITY OR	OWN	COUNTY	STATE
E S		220 1 certify that (1) (this hosp	oital) attended th	e deceased from_			, to	, 1	9	that (li (we)
121		sow the deceased alive a obove, (1) (we) (did) (did n	at) view the bady	after death.	ar	nd that in (my) (aur) apinion	death occurred on the	date and hau	and from the	causes stated
T. If Iten		27b. SIGNATURE	one			DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF ICIAN	22c. DATE	SIGNED 4/86
IAN		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		7		
IMPORTANT: IF		F. Cori	rea			3001 S. H	anover 5	·, Da	ute, ME	2123
3		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	6/17,	/1986 GJ		EMETERY OR CREMATORY Laven Nem. P	236 LOCATION CITY OR TOWN ank Glen	Burnie	COUNTY	Co Md
7/84	24 F	UNERAL DIRECTOR Bal	to.Md.	2123 Abress			TE REC'D. BY REGISTRA	1.7		
1)	M	cCully Funer			Fort	Ave.	N 16 1986	DANIE ON	22 ,	人人人



0	-10	252	L	FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	B O REG. NO.	1 6	5 5 5 8	3
	ige 4 moy be	urs after death	3. SE	FEMALE		S. TE		DAY YEAR	29. DATE OF DEATH NO GIANT STATE OF AGE (IN PARSLAST BIRTHD)	6	YEAR THE HRS DAYS MIN.	M
	ath. Po	to the second	1	RTHPLACE (STATE OR FOREIGN COUNTRY)  BALTO MD  ITY OR TOWN OF DEATH	U.S.	•	WIDOWE	D NEVER MARRIED DIVORCED DIVORCED DIVORCED	9. BALTIMORE CITY OR C  BALTIMORE (  12a USUAL OCCUPATION	CITY	M KIND OF BUSINESS OF	_
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	by the hospital	L DIRECTOR ched for u Dept. of He		The Secretary of the Se	mot 1	ofter death.		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Δ/ 22		
	TO HOSPITAL retoined by t	TO FUNERAL should be det with the State MPORTANT		TTMOTHY GAP	RETT MU		AME OF C	201 E. UNIVE	ERSITY PARKVA	Y		=
		- 16 60M 7/B4 (RA 15, 4)	24 F	BUZIAL UNERAL DIRECTOR VANS CHAPEL	JUNE	17,1986	SARDO	ENS OF FAITH	BALTO.  E REC'D. BY REGISTRAR 256.	BALTO. REGISTRAR'S	O, CO, MATE	)_



THE BIRLIPH ACE ISLATE OR FOREIGN IS. CHIZEN OF WHAT COUNTRY? B. MARRIED DISPOSED DOWN OF DEATH WITHOUT AND	TOTAL ARED NAME  TOTAL ARE OF DEATH  TOTAL ARED NAME  TOTAL ARE OF DEATH  TOTAL ARE OF DE	TOCKERAND PARAMETERS 1861  TOCKERAND PARAMETERS	1	Item ), Film 66		ATE OF MARYLAND		
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THE BITLEY OR TOWN OF DEATH    II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   124 USUAL OCCUPATION   125 USUAL OCCUPATION   125 USUAL OCCUPATION   125 USUAL OCCUPATION   125 USUAL OCCUPATION   126 USUAL OCCUPATION   12	Female	Female			YARIE H	OWARD	6-9- A	SHOUR LOOK SHOUR
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NOT WHITE LAT WORK	It centify that (1) (this haspital) attended the deceased from	The string that (I) (this haspital) attended the deceased from 19 56 to 69 19 6 that III (we the deceased alive an above (I) (we) (ght) (did not) view the body ofter death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1226 ADDRESS	11111	OR CONTRIBUTING CAUSE OF DEATH HC	DUR A.M. MONTH DAY YE. P.M.	AR 9	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART ?)
	the deceased alive an 19 19, and that in (my) (our) opinion death occurred an the date and hour and fram the causes state	time the deceased alive an 19 0, and that in (my) (our) opinion death occurred an the date and hour and from the causes state and the later and the causes state and the later and the later and the later and the causes state and later an	alth and A	NOT WHILE AT WORK	HOME STREET FACTORY, OFFICE FARM, ETC		city or town	
22d PHYSICIAN'S NAME OF CEMETERY OF CREMETERY OF CREMATION PRODUCTION  ATTENDING MEDICAL STAFF PHYSICIAN STAFF	MUD/BILBUCULE WW) 5772 West View Mol/ 186/to		- 7	Reveal 6-	12-1986 Lorras	ne Vach Can.	Weadlaws	Back Co. A. REGISTRAR'S SIGNATURE
ATTENDING MEDICAL STAFF PHYSICIAN STAFF PHYSICIAN DIRECTOR PHYSICIAN D	131. III JEPAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OF CREMATORY 200 LOCATION CHYORTOWN BOLL TO ME COUNTY COUNTY OF THE COUNTY BOLL O	1 Junited 10-13-1986 Lorrane Vail Con. Meddlein Sall. Co. My	50M 7/84 5, 4)	Cowar & Lo	Ac. 901 HAR	loss It JUIN	3 1900	Twidow Boulette



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.				

I DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR (TYPE OR PRINT)  Frances HOWARD June 4, 1986  A RACE 5 DATE OF BIRTH 6 AGE (INTERS) LAST BIRTHDAY) IF UNDER LYE	
Frances HOWARD June 4, 1986	26 HOUR
	9:15P <sub>M</sub>
MONTH DAY YEAR MONTHS DA	
remale. 11) hite truly 28, 1909 16 VRS	
76 BIRTHPLACE 19 ATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY?	
New York USA WIDOWED DIVORCED Baltimore City	MD.
M CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) UNDUSTING	OF BUSINESS OR
Baltimore Maryland General Hospital Clerk Dec	st. Store
USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  130. STATE  130. STATE  130. STREET ADDRESS / ZIP CODE  131. STATE  130. STREET ADDRESS / ZIP CODE	
mb H.H. KIVa YES NOX 13204 KIVA Road	21140
M.FATHER'S NAME  IS MOTHER'S MAIDEN NAME  FIRST MIDDLE  MIDDLE	uast .
Voseph Gallard Margaret Kres	Tein
WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Same C.	S
10 - 043-14.0419/Margaret Lyons- #13	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY	OXIMATE INTERVAL EN ONSET AND DEATH
IMMEDIATE CAUSE (o) Sepsis	
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if ony, which (b) Urinary tract infection	
cause (a), staffing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
(c)	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1 (a
Pneumonia; anemia; Hypokalemia  196 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION WAS PERFORMED  206 AUTOPSY2  206 IF YES, WERE FIN IN CERTIFYING CAUS  YES NO X  YES NO X  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART:	DINICELISED
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OR COUNTY MEDICAL EXAMINER)  P.M. 19  216 INJURY OCCURRED  216 PLACE OF INJURY (IA HOME STREET FACTORY, OFFICE FARM, ETC.)  STREET  CITY OR TOWN COUNTY	
(AT HOME STREET FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY	STATE
while NOT WHILE	that X (we) last
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white NOT WHITE AT WORK A TA WORK A TA WORK A Saw the deceased the deceased from May 28 19 86 to JUNE 4 19 86 saw the deceased alive on June 4 19 86, and that in (ng) (our) opinion death occurred an the date and haur and from above, X (we) (diaXXXnat) view the body after death.	
270. I certify that X (this haspital) attended the deceased from May 28 19 86 to JUNE 4 19 86  saw the deceased alive on June 4 19 86 and that in (nX) (our) opinion death occurred an the date and haur and from above, X (we) (diaXXXnat) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF	THE SIGNED SURVEY S
Not write   Not	
27d. PHYSICIAN S NAME (TYPE OR PRINT)  27d. I work At	JUNE 5 SE
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220. I certify that X (this haspital) attended the deceased from May 28 19 86 to JUNE 4 19 86  saw the deceased alive on June 4 19 86 and that in (nX) (our) opinion death occurred on the date and hour and from the above, X (we) (didXXXnat) view the body after death.  220. DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN  220. PHYSICIAN DIRECTOR PHYSICIAN  221. PHYSICIAN DIRECTOR PHYSICIAN  222. DA  223. BURIAL, CREMATION, REMOVAL 230 DATE  233. BURIAL, CREMATION, REMOVAL 230 DATE  234. NAME OF CEMETERY OR CREMATORY  236. NAME OF CEMETERY OR CREMATORY  236. CANDON  CITY OR TOWN  CITY OR	JUNE 5 SE
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Poorth Po	7a. B	New York	OREIGN 7	U. S.	A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Baltimore	City			MD.
rs offer o		Baltimore	тн 1	FIF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	ical Center	Engineer	CYORKING LIFE		OF BUSINE Vivate	SS OR
filled in nould be	130	Maryland	13b COUNT		GIVE RESIDENCE BEFORE 130. CITY OR TOW Baltimo	ADMISSION) N re	13d INSIDE CITY LIMITS? YES 🔏 NO 🗌	13e.STREET ADDRESS / 126 West			218 venue	
ampletely ond 2 sh		ATHER'S NAME FIRST		IDDLE	Silverm		15. MOTHER'S MAIDEN NA/ FIRST Fanny	MIDDLE	(Un	ascer	itainal	ble)
be execu		WAS DECEASED EVER YES NO OR UNKNOWN) NO		MED FORCES?	217-03-	8186A	Catherine	H. Moses, T	5 Holt akoma	Place Park,	Mary	land
g physici conpaper remaval.		18 CAUSE OF DEATH PART 1. DEATH W	AS CAUSED IMMEDIATE	BY.	Ine for 101, (b), and			Ely		BETWEE	MALL	the
that the death cr i by the attendin cose remove carb of, cremation, or r ather traumatic		Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediote g the	(b)	R AS A CONSEQUE	rica	los any	Hung		\ \ \ \ \ \ \	edus	
been signed mit. Then prior to burning.	CERTIFICATION	PART 2 OTHER SIGN					NOT RELATED TO THE TERM	INAL DISEASE OR CONE	20b. IF YES,	WERE FIN	DINGS USED	
HYSICIAN: The ic diding physician. is certificate has buriol-transit per Mental Hygiener or item 18 shows	MEDICAL CERTIFIE	210. ACCIDENT WAS UND OR CONTRIBUTING CC (IF EITHER NOTIFY MEDIC 216 IN JURY OCCURR	AUSE OF DEAT	21b. TIME O HOUR A.I	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURP	YES NO P	YES	RT   OR PART 2	NO [	
ITENDING PH spital or attendards After this far use as the k of Health and	WE	WHILE NOT WHAT WORK  220   certify that sow the decease above, (Triwe) (d	of this hospital	(AT HOME STR	deceased from	<u> </u>	od that in (my) (our) apinion (	to to	130	9 ond from t	_, that Mª (v	we) last
OSPITAL OR A ed by the has UNERAL DIREC d be detached the Store Dept RRANT: If hem		226 SIGNATURE	A.	Glad	lee, m	10	ATTENDING PHYSICIAN 27e ADDRESS	MEDICAL STAF DIRECTOR PHYSIC		224. DA	TE SIGNED	6

Mount Lebanon Cemetery Adelphi,

Princeounin

Maryland

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

7/2/1986

FOUNALO M. STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

0	-	0	8	6	1
	10000	0	ing. (1 Other death. Page 4 may be	To by the the transit denter cope 3	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE MARYLAND 2111	5	the deoth certificate or are that all the death	the offending physical	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO I
	DIVISION OF VITAL RECORDS, 201 W		OR ATTENDING PHYSICIAN. The low requires that the death certificate by any clinical management and the many be	one naspiral or orrenaing pnysicion.  ORECTOR, After this certificate has been signed by the offending physician	
1	1	9	OR AT	DIRECT	

DHMH - 16 60M 7/84 (VRA 15, 4)

	FOR STATE			DEPARTA		OF MARYLAN	3.0	ENE ()	£_	1 6	A 6 9
3671	REGISTRAR					CATE OF DE	ATH		EG. NO.	1 0	0 0 2
deoth deoth	1. DECEASED NAME (TYPE OR PRINT)	Pau1	E	DOLE		ard, Sr		20. DATE OF DE	. 1 16.	She YEAR	26 HOUR 559 A
Ter Do	3. SEX	4	RACE	1 - 0	5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
900	Male		White		08	01	16	69	YR		
18.32	BIRTHPLACE (SATE (COUNTRY)  Marylar	nd	US		MARRIEE WIDOWE	NEVER MA	ARRIED -	Baltimore o	more C		MI
1144	Baltimore	2	Union	OSPITAL, NURSIN FACILITY, GIVE STREET / Memoria	1 Hos		1218	120 USUAL OCC (TYPE OF WORK FOR Plumbe)	MOST OF WORKIN	GL#E) 126 KIND INDUSTRY	OF BUSINESS OR
	USUAL RESIDENCE 14 NI 130. STATE Maryland	13b COUNT		ve RESIDENCE BEFORE 31 CITY OR TOWN Baltimor		13d INSIDE CIT	Y LIMITS?	13e STREET ADD 6112 Ma	RESS / ZIP CO arlora	DDE Road 21	L239
1	14 FATHER'S NAME FIRST James	M	IDDLE	Howard			MAIDEN NAM		DDIE	Hurt	AST
1797	160 WAS DECEASED EV			66 SOCIAL SECU	RITY NO.	17 INFORMAN			ADDRESS	1101	
Page 1	(YES, NO OR UNKNOWN) Yes		MAR OR DATES)	216-03-0	0091	Thelma	L. Ho	ward 61	12 Marl	ora Road	
g physici onpoper removal.	18 CAUSE OF DEA	WAS CAUSED  IMMEDIATE	BY:	CHADIO		my Ar	rest			BETWEEP	DXIMATE INTERVAL N ONSET AND DEATH
nove corbination, or troumotic	Conditions, if o		DUE TO, OR A	AS A CONSEQUE		CANUC	n				
by the cose remo	gove rise to i cause (a), sta underlying cou	ting the	DUE TO, OR	AS A CONSEQUE	NEE OF	ochace	L can	un Pr	wn.		
signed Then ple to burio njury, or	PART 2 OTHER SI	GNIFICANT CO	ONDITIONS CON	TRIBUTING TO E	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OF		GIVEN IN PART 1	lio
hos been permit.	190 DATE OF OPER	RATION	19b. CONDITE	ON FOR WHICH	OPERATION	N WAS PERFOR	MED	200 AUTOPSY	V. INCE	YES, WERE FIND RTIFYING CAUSE YES []	
g physicial phys	An Chiumpatinium	CAUSE OF DEAT	21b TIME OF I HOUR A.M.	INJURY MONTH DA	Y YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	METI MI YRULMI PO	IB PART I OR PART 2)	
offending set this cond we soud Me	CIFEITHER NOTIFY MI  21d. INJURY OCCU  WHILE NOT  AT WORK	WHILE NORK	21e PLACE OF	FINJURY T FACTORY, OFFICE FA	ARM ETC )	211 LOCATION STREET	1	CII	Y OR TOWN	COUNTY	STATE
OR: Aft	220.1 certify that		il) otterided the	deceased fram		d that in (my) (o	19 8 h	eath occurred or	the date and	haur and from th	., that (I) (we) last
y the hosp RAL DIRECT detoched to note Dept o	228. SIGNATURE	not l	rout /	Menz		EGREE AT	TENDING TYSICIAN	MEDICAL DIRECTOR []	STAFF		E SIGNED
retained by to FUNERAL should be det with the Store	22d PHYSICIAN'S Timot		tt Murra	ay, M.D.		22e ADDRESS	Unio	n Memor	ial Hos	pital	
9 7 4 3 ≥	230. BURIAL, CREMATION	N, REMOVAL	23b. DATE			METERY OR CR		23d LOCATIO	OWN	COUNTY	STATE
BP	Buria	1	6/6/86	Me	adowr	idge Mer	_	Balti		M	aryland
HMH - 16 60M 7/84	24 FUNERAL DIRECTOR			ADDRESS						SISTRAR'S SIGNA	
(VRA 15, 4)	A. Alan S	eitz,	r. 3818	Roland	Ave.	21211	JU	15 198	6	. Inviden	Maria



	Stewis	# /	8, 196. 8 FOR	22A.	G-6	17, 7/28			MENT OF				UVCIEN	ue.		100				-
-09	059	1-	STATE REGISTRAR						EXAMI					C Am	REG	5. NO.	6	5 6	) (	5
			CEASED NAM		FIRST		Mary	MIDDLE	71,3		LAST	100		OF	ESTI-	NXX wo	NTH DA	AY YEA	AR 2b	HOUR
	REET, REET,	2.55		EV.		11.0122.02		E		BBARD					MATEC	MON	6	5 19 8		٨
	E ST	3. SE				5 DATE OF	DAY	YEAR	LAST BIRTH	YEARS IF U		HOURS	R 24 HRS.	2c. DAT	INCED	MOR				HOUR
	1000 P	2	INTHPLACE (5	BLA	CK	NOV 76 CITIZEN		1920	-	YRS.				DEA		TY OR CO		5 198		09
•		FC	MARYLA	ND		US	of I	A		WIDON	VED 🗆		CED X		Balt	imore	Ci	ty		ME
	THE FILED	10 C	ITY OR TOWN	OF DE A	TH	II NAME (	OF HOSP	ITAL, NU	JRSING HOA	ME, OR OTI	HER INSTIT	UTION		MOST OF WO			ORK 12b	KIND OF OR INDU	BUSINE	SS
	AD THE		Baltimo		50.00	3815	Pal	ll Ma	all Ro	ad				RETT	RED		I	ELECT	PRON	ICS
. 21201	1. ANY DELA 2, AND 3 TO 3. RETAIN TO SHOULD BE N. RECORDS.	13a. S	AL RESIDENCE STATE MARYLAN	D	136 COUN		UTION, GIVE	13c. CITY	e before admis Y OR TOWN LTIMOF		13d. INSIDE YES [X	CITY LIMITS?		REET ADDR		PALL		- 2	2121	5
ORE, MD.	M PM 3 AND 2 SPEVITAL		DANIE:	L		MIDDLE			LEE			ER'S MAID		E	MIDDLE		F	PAGE		
IWO	AFTER ISINE PAGES I	160	WAS DECEASE	D EVER		MED FORCES	S?		CIAL SECUR		17. INFOR				ADDI			212		
MALT	URS AFI B. GIVE WITH F IT. PAGI		NO					138	8 26 4	295	MRS	. GEF	RTRUD	E WES	T	3705	E COI	LUMBU	JS D	R.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE.	ULD BE EXECUTED WITHIN 24 HC "PENDING" IN PENCIL IN ITEM EF MEDICAL EXAMINER ALONG EF AS BURIAL - TRANSIT PERM HEALTH AND MENTAL HYGIENE AL, CREMATION, OR REMOVAL.	NOI	Condition gove ris	ns, if a se ta ) stoting use last.	ny, which immediate the <u>under</u> -	TE CAUSE (o DUE (b DUE (c)	TO, OR A	AS A CON	d d e n NSEQUENCI NSEQUENCI	E OF								IETWEEN OI		
=======================================	HOULD WED WED OF HE A	CERTIFICATION	190. DATE OF	OPERA	TION	196. (	CONDITI	ONFOR	WHICH OP	ERATION V	VAS PERFO	RMED?					20	AUTOP	SY?	
)	SOUMENT								id Co									YES X	X NO	
ON OF	NG THE WO D TO THE SHOULD B SHOULD B EPARTMEN		21a. EXTERNA UNDERLYING CONTRIBUTION	, 00	OR	HO	IME OF UR A.M. P.M.	MONTH	DAY YE		OW INJUR	Y OCCURR	ED LENTER	NATURE OF II	NJURY IN ITE	M 18 PART 1 (	OR PART 2)			
DIVIS	THIS CERT WARDED PAGE 3 SH STATE DEP	MEDICAL	WHILE AT WORK	NOT Y	WHILE C	516		F INJURY DRY, FARM, E	(AT HOME, ETC.)		STREET			CITY OR TO	OWN		COUNTY			STATE
•	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, BAGE 4 SHOULD BE PORN TO FUNERAL DIRECTOR; P AFTER DEATH, WITH THE SI; BATTIMORE, MARYLAND; 3		22a. I certi death result ACTUAL SIGNATURE	/		ral couses	oins deve	ribed abo	m (	Suicide L	Hom	Inspection	Undet	Inquiry termined m	nanner [	<b>]</b> ,	ATE	June	6,8	36
	EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMOI		EXAMINER'S (TYPE OR PRII	NT)		nnis F	F. Sn					111Pe				imore	, MD	212	201	
	<b>EA1207</b>	23o.B	URIAL, CREMA	TION, RI				1 1 1 1 1 1 1 1 1	NAME OF C				CITY	OCATION			COUNTY		STATE	
07/84 25M	BP_/85	24.5		RIAI	6	6/10/8	6	M	T. AUI			ERY	BA	LTIMO	ORE	DEC IE * D · ·	DIE ELO	MA	RYLA	ND
2.3/41	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECT		VYNN	4517	ADDRESS PARK	HEI	GHTS		215 E	JU	N.1 C	Y REGISTR	yrun	A Davi	don'-	Handa	The same of the sa	

5 1923 65 10 60 2 1 **3** 5 5 Pear the E. (a), 9 2125 138 20 h2/5 HE. GER ST 37 5 C. LEE C. 11.

A LOS C/10/36 Mr. July W DESCREE BALTIONE

## DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

ctor. poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYCIENE

19	6
65	0
1779	REG. NO.

1 - STATE REGISTRAR			DEFARI	CERTIF	ICATE OF DE	ATH	8 6 REG. N		6	0 0	) 6
I. DECEASED NAME	FIRST	M	IDDLE		LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOL	JR
(TYPE OR PRINT)	MYRTLE	TE	RENE	I	TUBER		Cf30/86			9:1	3AM
3. SEX		4 RACE	COLUMN TO THE PARTY OF THE PART	5. DATE O			6 AGE (IN YEARS LAST BIR		F UNDER TYEAR	IF UNDER	R 24 HRS
FEMAL	F	WHIT	יבויח	MONTI		YEAR O'7	89		ONTHS DAYS	HOURS	MIN.
To. BIRTHPLACE (ST	-		VHAT COUNTRY?	? 8	10	97	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
-COUNTRYS		25		MARRIE	D NEVER M.		B41+1.0				
Maryland		U.S.	OSPITAL NURSI	WIDOWI		ORCED	120 USUAL OCCUPATI		Tink KIND	OS BLISINI	MD.
		(IF NOT IN SUCH	FACILITY, GIVE STREET	T ADDRESS)		V	TYPE OF WORK FOR MOST C		12b. KIND (	Cloth	iing
Balt. Ci		South	Baltimo	re ger	eral_Ho	sp.	Superviso	r	Manu	f	
USUAL RESIDENCE (	13b. COU	NTY	13c. CITY OR TOV		134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	ZIP CODE			
Maryland			Baltin	more	YES K	NO []	518 Sunset	Road	2122	3	
14 FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S						
Robert	to the second	E.		illy		san	MIDDLE		Schwai	r+7	
60 WAS DECEASED		RMED FORCES?	166 SOCIAL SEC		17 INFORMAN	_	ADDRE	SS	DCIIWai	L (- <u>4</u>	
NO OR UNKNOW	VN) (IF YES, GI	VE WAR OR DATES	215-05-3	3023	Albor	- T T	show E10 Co	mand. T		1000	
					ATDEL	C U. HI	uber 518 Su	nset F		1223	Divat
	DEATH (Enter o	nly one couse per l ED BY:	CARDIDAL		me x	MREST	-		BETWEEN	AIMATE INTER	DEATH
		TE CAUSE (o)	CHOIO/CE	- SO MITT	a of				-	10 6	
10.44		DUE TO, OR	AS A CONSEOL								
Conditions, if		(b)	PNE	uno.	NIA				1	HOUM	
gove rise to		DUE TO OR	AS A CONSEQU	IENCE OF		100					
underlying	couse lost.	(6)	A3 A CONSEGR	000					40	EARS	
PART 2. OTHER	RSIGNIFICANT	CONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIVE	N IN PART 1	0	
		20 schel		HEA		CASE					
NO 190 DATE OF O	111 100		ION FOR WHICH	H OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES,	WERE FINDS	NGS USE	D
DE .									ING CAUSES		
21g. ACCIDENT W	AS UNDERLYING	7 21b. TIME OF	INTITIES		1216 HOW IN I	IDV OCCUPPI	YES NO	YES		NO [	
OR CONTRIBUTION	G CAUSE OF DE	110110 11	A. MONTH D	AY YEAR	THE HOW WAS	OK! OCCORN	LD (ENTER NATURE OF INJUI	IT IN HEM IS PA	RI I ORPARI 2)		
(IF EITHER, NOTH	Y MEDICAL EXAMINE			19			W 41-11-11-11				
(IF EITHER, NOTH		21e PLACE C	ET FACTORY, OFFICE	FARM ETC )	211 LOCATION	4	CITY OR TO	WN	COUNTY	5	STATE
AT WORK	AT WORK			,	1			1			
22a I certify th	not (I) (this hosp	ital) attended the	deceosed from.	5/12	A6	, 19	_, to_ 6/50)	66	9	thous	we) lost
sow the d	eceosed alive or	ot) view the body of	19	Fb	nd that in my (	our) opinion d	eath occurred on the de	te and hour	and from the	couses str	oted
22b. SIGHTATUR	RE /	or view the body o	offer death		DEGREE				22c. DATE	E SIGNED	7
( )	1	Auch	ark son	Mo		TENDING _	MEDICAL STAI		1//	50/8	(
The state of the s	I'S NAME (TYPE	70000		700	122e ADDRESS	HYSICIAN [	DIRECTOR   PHYSIC	IAN	16/	290	b
220. Fily Scient	-0/	RICHAR	262 1 110	)	THE AUDRESS	- 11	CHIE HIGHE	m.	RATO	10	212
- ON	MEI (-	1-1CH141U	AUN MU		7 71.	12/1	CHE MIGHT	17, 1	3140	10	0100
30 BURIAL, CREMAT	ION, REMOVAL	23b. DATE	236	NAME OF C	EMETERY OR CE	REMATORY	23d. LOCATION		COUNTY		CTATE
	rial	7/3/86	I	oudon	Park Ce	emeterv	City On tollin	2	COUNTY	Mar	ylan
24 FUNERAL DIRECT	OR						REC'D. BY REGISTRAR		AR'S SIGNA		7

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detoched for use as the buriol-transit permit. Then please remove carbon papers: with the State Dept. of Health and Mental Hygiene prior to buriol, cremotion, or removal. IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the NDING PHYSICIAN: The low

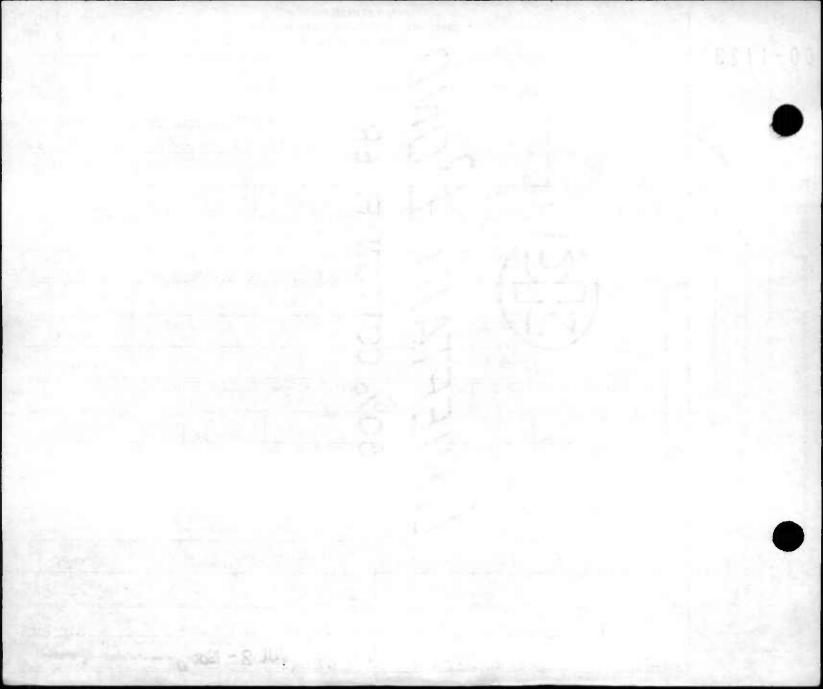
etoined by the hospital or attending physician.

TO HOSPITAL

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

WUL 2 - 1986 am dender Apodem



4			FOR					ARYLAND	TYGIENE					
0 -	0365		STATE REGISTRAR		ME	DICAL EXAMIN	IER'S C	ERTIFICATE	F DEATH	O REG.	NO. 6	U	0 3	
			CEASED NAME	FIRST	TENTE:	MIDOLE		LAST	2a. DA	TE KNOWN	MONTH	DAY	YEAR 26 HC	UR
	以の記録用 ナ			John		C.		Hudson	DEA	ATH MATED	- 0 2	2 19	86	N
	NA STAN	M	AL BL		DATE OF BIRTH	YEAR 6. AGE (IN YEAR LAST BIRTHO		DER I YR. IF UNDER	MIN. PRON	ATE OUNCED EAD	MONTH 6-2	DAY 2 19	86 10:	
6	POR VINERAL POR VINERA POR VINER	A FO	RTHPLACE (STATE OR REIGN COUNTRY)	N.C.	CITIZEN OF WI	HAT COUNTRY?	8. MARRII WIDOW	ED NEVER MARR	IED U	timorecit	YOR COUNTY	OF DEA	гн	**
	PAGE A PA		Baltimor	1	(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET AGORESS) SCOTT Key I			12ª USUAL OC				OF BUSINESS DUSTRY	1
21201	2. AND 3 TO T 3. RETAIN PA 2. SHOULD BE AL REGORDS 2		L RESIDENCE (IF IN NO	ME OR O		VE RESIDENCE BEFORE ADMISS		134 INSIDE CITY LIMITS? YES NO D	13e STREET AD		en <1	CNG	+ 2/21	77
MD.	P P P P P P P P P P P P P P P P P P P	14. FA	THER'S NAME FIRST	N	AIDDLE	Hud So	1	15. MOTHER'S MAID	A &	WIDDLE		LAST	501	
ALTIMORE,	AFTER DE IVE PAGE IVE PAGES I A VISION OF	16a. V	AS DECEASED EVER	IN U.S. ARMEI	OR DATES	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	McCa	ADDRE	513 No	NI P	IL A	6
SEDS, 201 W. PREMONST.	XECUTED WITHIN 24-EUR NG" IN PENCION ITEM 18 AL EXAMINERATION OF MEDITION, OR REMOVAL.	7	Conditions, if gove rise to couse (a) stating lying couse last	VAS CAUSED B' IMMEDIATE C ony, which immediate g the under-	Y: CAUSE (0) HYC DUE TO, OR (b) DUE TO, OR (c)	For (a), (b), and (c).)  ETTENSIVE  AS A CONSEQUENCE  AS A CONSEQUENCE  BUT NOT RELATED TO THE TERM	OF OF			ovascul Diseas			XMATE INTERVA ONSET AND DEA	
DIVISION OF VITAL RECORDS	HIEF A	CERTIFICATION	19a DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH OPER	RATION W.	AS PERFORMED?				20 AUTO		
N OF VI	CRTHICATE SHATING THE WONDED TO THE CEST SHOULD BE DEPARTMENT OF PRICE TO BUT THE CONTRACT THE C		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OP		MONTH DAY YEA	R 21c. HC	W INJURY OCCURRI	D (ENTER NATURE C	OF INJURY IN ITEM	18 PART 1 OR PART		W NO [	_
DIVISIO	THIS CERTIN WARDED TO WACE 3 SH TATE DEPA	MEDICAL	214 INJURY OCCUR WHILE NOT AT WORK AT V	RED	21e PLACE	OF INJURY (AT HOME. TORY, FARM, ETC.)		CATION	СПУС	RTOWN	COUP	iTY	STAT	TE
•	MEDICAL EXAMINER:  JUTE THE CERTIFICATE  E & SHOULID BE FORCE  UNREAL DIRECTOR:  R DEATH, WITH THE S  IMORE, MARYLAND,		220. I certify that death resulted for ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	Natural of	causes X	Accident . So	Autops vicide	Homicide	Undetermine	d monner	ond in my opin	6-2	23-86	
07/84	BP AFT A	23a.Bl	JRIAL, CREMATION, I	REMOVAL 236.	128/8C	23s. NAME OF CE			23d. LOCATIC	N (	COUNT	N-C	STATE	
25M	DHMH - 17 (VR A15 ME (5))	JA FI	INERAL DIRECTOR NAME S. A. MORTO	N+SONS	ADORESS	Laurens	St.		REC'D, BY REGIS		GISTRAP SSI	MANURE		

5

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REG.	NO.	12.00	6	0	6	6
OF	DEATH	MONTH O.6	30 DAY	1 RG		D- 2	n P

	1-	FOR STATE REGISTRAR	DEF		EALTH AND MENTAL HY	GIENE REG. N	10.	6 0	6 6
		CEASED NAME FIRST OR PRINT) NORM	AN HENRY		E TTNER	20 DATE OF DEATH	06/30	0/86	26. HOUR 8- 20 PM
	3. SEX	MALE	4. RACE WITTE	00	DAY YEAR	6. AGE (IN YEARS LAST BII	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
2	1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUP	WIDOWE	D DIVORCED		ALTIM	ORE	Citymo.
1	4	ALTIMORE		STREET ADDRESS)		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFE)	INDUSTRY	ATR TIONING
5	13a S M	ARYLAND BAL	TIMORE 136. CITY OF		13d. INSIDE CITY LIMITS? YES NO X	9410 FLA	ZIP CODE AGSTON	E DRI	VE 21234
30	0 1	THER'S NAME ILLIAM H	ÊNRY HUE	TTNER	15. MOTHER'S MAIDEN NA ANNA	LOUISE		NI.	ES
)	16a W			-16-6216	VIRGINIA M	ADDR HUETTNEF		IMORE	, MD2123
	NC	Canditions, if any, which gave rise to immediate cause lot, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION  As piration	SEOUENCE OF	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	IDITION GIVEN	N IN PART 110	
	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V			200 AUTOPSY?		WERE FINDIN NG CAUSES (	
	MEDICAL CERTIFICATION	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE- JIF ETHER, NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED  WHILE AT WORK AT WORK	HOUR A.M. MONT	19	211 LOCATION STREET	RRED (ENTER NATURE OF INJU		COUNTY	STATE
		220.1 certify that Withis haspi saw the deceased alive an abave of twel (did) (did no 22b. SIGNATURE	ital) attended the deceased 30 only view the body after death.	19 <u>86</u> , an	d that in (par) apinian DEGREE  ATTENDING PHYSICIAN	death accurred an the d	AFF	22r. DATE S	
			YEO, M.D		4000	RAMARITA	cnf	1920H	ITAL
		BURIAL SPBURIAL	JULY3, '86	GARDEN	S OF FAITH	23d LOCATION CITY OF TOWN BALTIN	ORE C	OUNTY	, MD

DHMH - 16 60M 7/84

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morked or Item 18 shows

(VRA 15, 4)

E. JOHNSON8521 LOCH RAVEN BLVD.

0-1	0688	1.	FOR STATE REGISTRAR			DEP	ARTMENT	STATE OF HEAD	LTH AND	MENTAL HY	GIENE	3 9	S REG. NO.	- American	6	6	6	1
2	e ₹		CEASED NAME OR PRINT)	FIRST		WIDDLE		LAST			2a. DATE	E OF DE	ATH M	HINO	DAY	YEAR	2b HO	JR P
, b	dept			ILBE		E		HURT			JUN			1986	-			05m
Ē	- P	3 SE			4 RACE			ATE OF B		VE AD			LAST BIRTHE	DAY)	MONTHS	DAYS	HOURS	R 24 HRS
9 9	rs of		Male		Whit	te		June	e 8,	1920	(	56		YRS.				
	100		RTHPLACE (STATE OR F COUNTRY) Maryland	OREIGN	76. CITIZEN OF		M.	ARRIEN DOWED	i de	MARRIED DIVORCED			CITY OR			TH		MD.
- /	/	10C	TY OR TOWN OF DEA	đН		HOSPITAL, NI			OTHER IN	STITUTION			CUPATIO		12b H	INDO	BEST	SLOR
2 3/	1	-	BALTIMORE		JOHN	S HOP	KINS	HOS	PIT	AL	Ref.	.Wa	reho	usei				yCo.
24 ho		13a :	AL RESIDENCE (IF NURS STATE  ryland	13h COUN		13c_CITY_OR		113	d. INSIDE	CITY LIMITS?	13. STRE	EL ADO	Pess / t	ZIP CODE	e.Ba	212; alt	0.M	d.
4	120	14. Fz	ATHER'S NAME					15	. MOTHE	R'S MAIDEN N								
A A	12/1		Charle		MIDDLE	Hu	irtt			"Bess:	ie	A	NIDDLE		Po	ort	er	
A S	-	16a \	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL		NO. 17	. INFORM				ADDRESS	S				
80 E	ond one one one	(	YES NO OR UNKNOWN)	LIE YES GIV	e war or dates)	217-0	09-40	350	Mrs.	Mary :	D. Hu:	rtt	. Sa	me	as a	abo	ve	
o pe	85 4					1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		J							MATE INTE	RVAL
8 6	hysi ovo mr,		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSE	ly ane cause pe D BY.	- /		/	4		+							
1 2	0.00			IMMEDIAT	E CAUSE (a)	Cm gi	0/30/	mon	sry	pries					-	5//	inu	160
0 f	9000				DUE TO, C	OR AS A CONS	EQUENCE	OF /								1	/	
dec de	10 0 d d d d d d d d d d d d d d d d d d		Conditions, if any,		(b)_	Cere	pral	ede.	mo							16	/u/C	
2 2	2 1 1 3		cause (a), stotin	g the	DUE TO, C	OR AS A CONS	EOUENCE	OF							/		,,	
5 10	d by eose of c		underlying couse	last.	(c)	metost	tic	594.81	mous	cell co	ccino	ma	to	the	Sag		1ms.	oths
1 2	Burn by		PART 2. OTHER SIGN	VIFICANT (	ONDITIONS C	ONTRIBUTING	G TO DEAT	H BUT NO	T RELATE	D TO THE TER	MINAL DIS	EASE O	RCONDI	TION GIV	/EN JA P	ART Tro	1	
#D#	27.0 5	0 N																
L RECO	has be permit	CERTIFICATION	190 DATE OF OPERAT	TION	19b. CONE	OITION FOR W	HICH OPE	RATION V	VAS PERF	ORMED	20a A	UTOPS		20b. IF YE: IN CERTII YE				TH?
DIVISION OF VITAL	cate cate ansit Hygira 8 sha	1	210. ACCIDENT WAS UND	DERLYING T	21b. TIME (	OF INJURY		2	Ic HOW	INJURY OCCUI						ART 21		
SION OF VI	5 H = 7 [ ]		OR CONTRIBUTING				1 DAY	YEAR										
NSIO N	cer cer	MEDICAL	21d INJURY OCCUR			OF INJURY		19	II LOCA	ION			_					
Si Ha	this he bund md M	ME	WHILE NOT WH			TREET, FACTORY, O	FFICE, FARM, E		STRE			C	ITY OR TOWN	4	COU	NTY		STATE
> 0 Z	orke		AT WORK AT WO	RK				/		V//			1-		- 12			
ON 3LL	TOR: A for use of Heol		220.1 certify that (1) sow the decease abave, (1) (we) (c	ed alive an	6/26		19 5 G	, and t	hat in (m	y) (aur) apiniar	deoth acc	urred a	in the date	e and hau	19_d or and fro			(we) last tated
≪ .	REG Ped tem		226. SIGNATURE	0	1 view ine odd	y drier dedin.		DEC	GREE						220	DATE	SIGNED	)
TALO	RAL DI detocl tote De		Mitel	7	butter	uts	n	20		ATTENDING PHYSICIAN	MEDIC DIRECT		STAFF PHYSICIA	AN O	1	100	0/3	6
SPI	UNER, UNER, I be d he Sto		22d. PHYSICIAN'S NA	AME (TYPE C	R PRINT)				2e ADDR			,		1.				
O HO	APOI		Michele	F. 1	Voustor	ski	mp		600	N. Wo	If S	4.	1501	times	4	no	2/2	45

Glen Haven Mem.Pk. Glen Burnie, A. A. Co. Md. Co. Md. 236, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 1986

Balto.Md.21230
Funeral Home, 130 E. Fort Ave. 24. FUNERAL DIRECTOR

REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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SION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	PHYSICIAN: The low requires that the death certificate he exercised within 24 hours after death. Done 4 month

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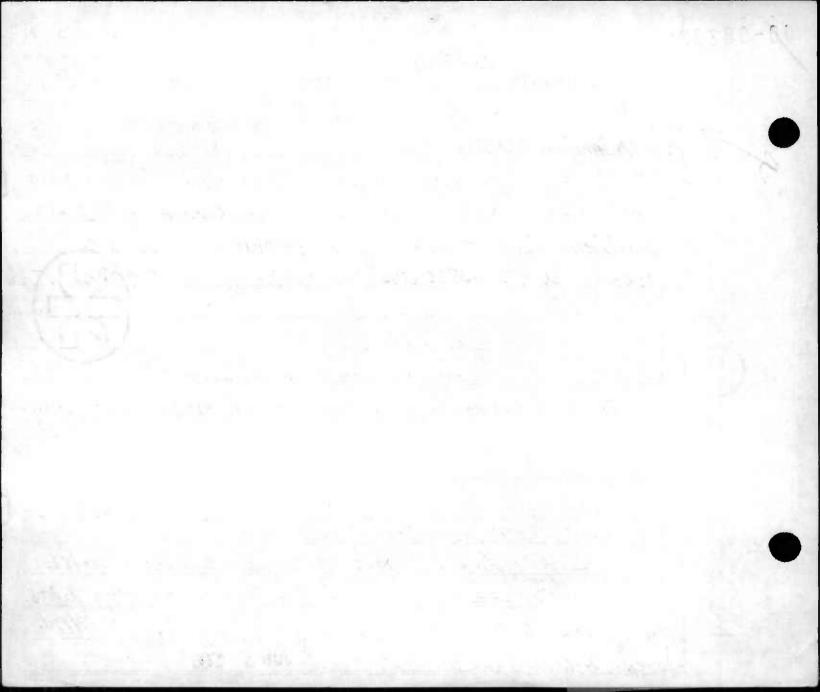
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b HOUR TYPE OF PRINTS Zetta Huskins 6 86 10 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS EAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH DAY YEAR Female White 72 To. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH ance MARRIED NEVER MARRIED COUNTRY Tenn, WIDOWED DIVORCED Baltimore City 0 MD 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE! 2906 Mallview Road Balto Chief Inspector-Rastfield USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Balto., Md. 13a. STATE 113h COUNTY 13c. CITY OR TOWN 1 13d. INSIDE CITY LIMITS? 2906 Mallview Rd. Balto YES WY NO Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME EIRST MIDDLE LAST MIDDLE James Calfee Bertie Reed 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 2906 Mallview Road-Balto. Md. LIF YES GIVE WAR OR DATEST IYES. NO OR UNKNOWN) #21230 414-28-2716 Clyde M. Huskins 18 CAUSE OF DEATH (Enter only one couse per line for per. (b) and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF oth underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Hem MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) CITY OR TOWN STATE NOT WHILE and that in (my) (aux apinion death accurred on the date and hour and from the causes stated 17h SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN WRECTOR PHYSICIAN 22\* ADDRESS 230 BURIAL, CREMATION, REMOVAL 22b DATE 2M LOCATION OUT ON TOWN 100 g bit 110000 Newhome Cemetery Burial Newport Tenn AVE 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

And the control of th

1.001	FOR	DEDADT	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	CIENE	1 1 4 0
2641	- STATE REGISTRAN		CERTIFICATE OF DEATH	REG. NO.	0 0 0 7
	ECEASED NAME FEST	AKA John	LINIAAAI	/	YEAR 26 HOUR
2.5	JOHN	4 RACE	Is Date OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	86 256 PA
	Male	Black	MONTH DAY YEAR 25	6 YRS	ONTHS DATS HOURS MIN.
01	South Contina	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 1 1 1	OF DEATH
10:	BALTIMORE	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	
US	UAL RESIDENCE IF HURLING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFOR		MECHANIC	MANUFACT
7"		TIMORE BALTI		130 STREET ADDRESS / ZIP CODE	VE, 21215
) H	ATHER'S NAME FIRST	MIDDLE HELDE	15. MOTHER'S MAIDEN N	AME MIDDLE	eese
160	WAS DECEASED EVER IN U.S. AR		URITY NO 17 INFORMANT,	ADDRESS	2630
/	YES, NO OR UNKNOWN) (IF YES, GI	10 1 23720	6095 Mrs CARI	se Hymam 371	20AKmodTI
	MART I. DEATH WAS CAUSE			0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 45 Min
	MMEDIA	TE CAUSE (a) (Md)			
	Canditians, if any, which	( 1b) acid			2 days
1	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	electrolyte de	errangement	2 days
1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	. 1/ 0	- 1
CERTIFICATION	190 DATE OF OPERATION		operation was performed		Madonyoly, WERE FINDINGS USED
7 4			- O'ENATION TO TENT ON THE	IN CERTIF	ING CAUSES OF DEATH?
-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	
ICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
MEDIC	216 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC ) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a 1 certify that (I) (this haspi	ital) attended the deceased fram.	5/31 19 8	C. to 6/1	19 86 that (I) (we flast
1	saw the deceased alive an	t) view the bady after death	86, and that in (my) (por) apinia	n death accurred an the date and haur	
	22b. SIGNATURE	- 1	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
-	22d. PHYSICIAN'S NAME (TYPE O	no bee,	PHYSICIAN	DIRECTOR PHYSICIAN	6/1/86
	DAU I		Sinas Hosp	. Beluedere & Green	spring Bulto
230	BURIAL, CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY MIN
	Cremation	6-7-86 2	or dog TARK	BA110.	1//00
24	EUNERAL DIRECTOR	ADDRESS ADDRESS	1 41 1 1	ATE REC'D. BY REGISTRAR 256, REGISTE	RAR'S SIGNATURE
	oseph rill	22 7775 Mil	lorth Hue, J	11 0 1900 Harris	

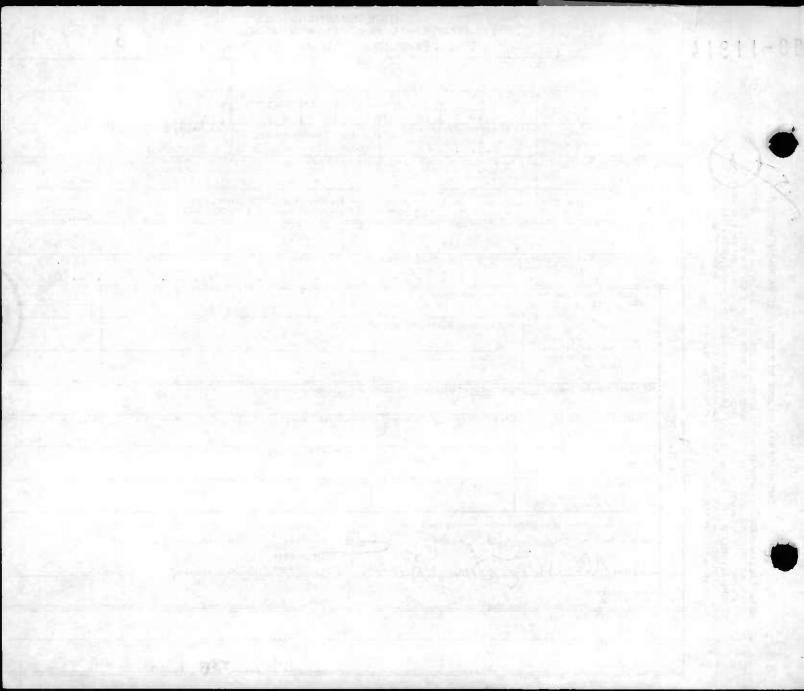


Julia Daydon-Bandallin

March Funeral Homes 1101 East North Avenue

**DHMH - 17** 

(VR A15 ME (5))



# DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

impletely filled in by the funeral director, page 3 and 2 should be filed within 72 hours after death within 24 hours VDING PHYSICIAN: The low requires that the death certificate be executed or ottending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbonpopers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, arremoval. MADORTANT. If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical FOR

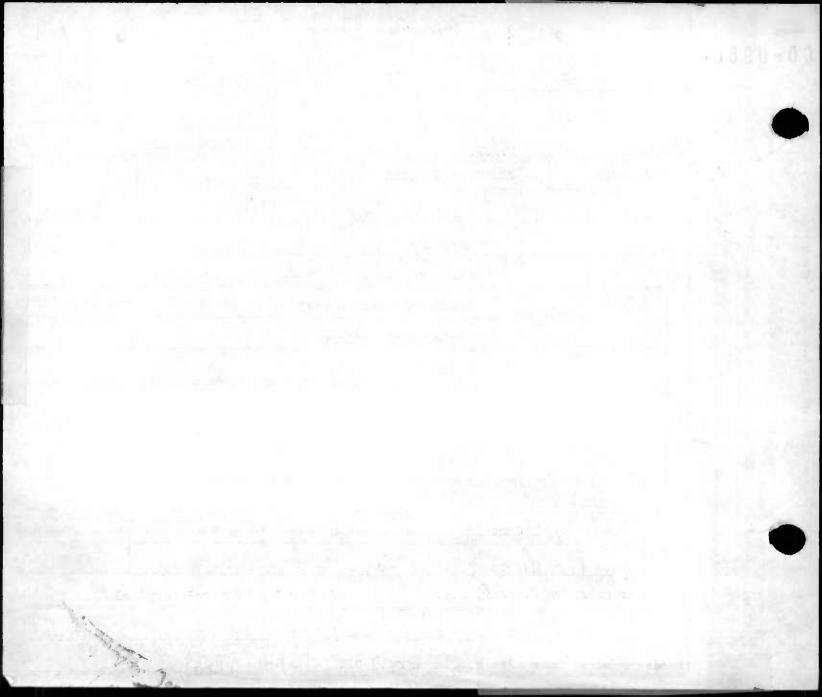
STATE
REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	6 REG. NO.	1	6	O	1	
	REG. NO.					

(TYPE	CEASED NAME FIRST EOR PRINT) Mary		11.5	IRBY			June 1		_		26 HOUR 5:20
3 SE	x Female	4 RACE	Black	5. DATE OF	BIRTH DAY 5	YEAR 05	i. AGE (IN YEARS LAST	81 YRS	MONTHS	DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN COUNTRY)  Tyland	76 CITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER M	ARRIED D	Baltimore city Baltim	_		ATH	
10 C	Baltimore	11. NAME OF HO	SPITAL, NURSIN	IG HOME OR ADDRESS) <b>PETAL</b> 1	OTHER INST	IUTION	12e USUAL OCCUP. (TYPE OF WORK FOR MO Housekee	T OF WORKING		KINDO	BUSINES
130 5	AL RESIDENCE HE NURSING HOME O STATE . 136 COU Tyland		Baltimo	'N 11	136 INSIDE CIT	Y LIMITS?	3e STREET ADDRES			Rd.	2121
	ATHER'S NAME FIRST arence	WIDDLE	Forreste		15 MOTHER'S Mat	MAIDEN NAM RST <b>i1da</b>	MIDDLE			simm	
		VE WAR OR DATEST	66 SOCIAL SECU 157-24-6		17 INFORMAN		3620 Reis	ress sterst	own 1	Rd 2	1215
100	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0)	AS A CONSEQUE						3		
TIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	DUE TO, OR	AS A CONSEQUE Sepsis	ENCE OF	NOT RELATED	O THE TERMI	VAL DISEASE OR CO	20b. IF Y	ES, WERE	E FINDIN	GS USED OF DEATH NO []
MEDICAL CERTIFICATION	gove rise to immediate couse (0), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, OR  (c)  CONDITIONS COM  196 CONDITIONS  216 TIME OF HOUR A.M  P.M  216 PLACE O (AT HOME STREE  (AT HO	AS A CONSEQUE SEPSIS  NTRIBUTING TO E  INJURY MONTH DA  FINJURY T. FACTORY, OFFICE F  deceosed from	OPERATION  AY YEAR  19  June  86., ond	POT RELATED  WAS PERFORE  211 LOCATION STREET  13  d that in (m) (m) (EGREE  P  22e ADDRESS	MED  URY OCCURRE  N  19  86  pur) opinion d  TENDING HYSICIAN	200. AUTOPSY?  YES NOTE  OF LETTER NATURE OF I	20b. IF Y IN CERT	YES, WERE PARTION CO	E FINDING CAUSES  (PART 2)  DUNITY  86  From the 2c DATE	GS USED OF DEATH NO  STA

DHMH - 16 60M 7/8 (VRA 15, 4)



FOR - STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CFRTIFIC ATF OF DEATH

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)	0	- 1	0	9	•

REGISTRAR		CERTII	TICALE OF I	ZAIN	REG. N	10.	
I DECEASED NAME FIRST	WIDDLE		LAST		20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
(TYPE OR PRINT)	ROSE	I	IRBY		JUNE	4,1986	9:55pm
3. SEX	4_RACE		OF BIRTH		6. AGE (IN YEARS LAST BE	RTHDAY) IF UNDER 1 YE	
F	B	10	22	o7	78	YRS.	TS HOURS MIN,
70 BIRTHPLACE   STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY		OUNTRY? 8	MARRIED NEVER MARRIED		9 BALTIMORE CITY OR COUNTY OF DEATH		
VIRGINIA II.S.A.		WIDOW		VORCED	BALTIMORE, CITY MD.		
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSI			OR OTHER INS	TITUTION	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORKFOR MOST OF WORKING LIFE) INDUSTRY		
BALTIMORE CHURCH HOME I					TYPE OF WORKING MOST OF WORKING (IFE) INDUSTRY		
USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESI		113d. INSIDE C	ITY HAITS?	13e STREET ADDRESS	/ 7IP CODE	
MARYLAND		LTIMORE	YES X	NO 🗌		ERNE AVE. 21	1213
14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER	S MAIDEN NA/	ME		LAST
JUNIUS		HOMAS	LIJO		Missile	JON	
160 WAS DECEASED EVER IN U.S.  IYES NO OR UNKNOWN)   (IF YES.	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17. INFORMA	INT	ADDR	ESS	10000
NO		19011180	MARTI	HA BRAN	CH 1518 N.E	BROADWAY	
18 CAUSE OF DEATH (Enter	only one couse per line for	(o), (b), and (c).				APP3 BETWE	POXIMATE INTERVAL
PART I. DEATH WAS CAL	IATE CAUSE (0) CH	RONIC RE	NAL F	AILURE			
	DUE TO, OR AS A C	CONSEQUENCE OF	A Yare				
Conditions, if ony, which	,		DDEC	שמוזים			
gove rise to immediate		GH BLOOD	PRES	OURC	Carried Market		
couse (a), stating the underlying couse lost	DUE TO, OR AS A C	ONSEQUENCE OF					
PART 2. OTHER SIGNIFICAN	(c)	ITALO TO DEATH BUIL	ALOT DELATER	TO THE TERM	BLAL DISCASS OD COL	IDITION CREAT IN DARK	Total Control
	T COMPINOIS COMPRIBE	,	I NOT KELATEL	/ TO THE TERM	IIVAL DISEASE OR CON	DITION GIVEN IN PARI	110
ANEMIA 190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO		N WAS PERFORMED		200 AUTOPSY 200 IF YES, WERE FINDINGS USED		
ANEMIA  190 DATE OF OPERATION  190 CONDITI  210. ACCIDENT WAS UNDERLYING   216. TIME OF					YES NO NO YES NO NO		
21g. ACCIDENT WAS UNDERLYING	F) 21b. TIME OF INJUR	Υ	21c. HOW IN	IJURY OCCURE		JRY IN ITEM 18 PART I OR PART	
OR CONTRIBUTION TO FAUST OF			100				
(IF EITHER NOTIFY MEDICAL EXAMI	NER) P.M. 21e PLACE OF INJU	19 RY	21f LOCATIO	ON			
		ORY, OFFICE, FARM, ETC.)	STREE		CITY OR TO	OWN	STATE
220.1 certify that (I) (this ha	could obtained the decen	red from MAY	28	10 86	to JUNE	4 10 86	, that (I) (@Oost
sow the deceased plive	on JUNE 4 not) view the body ofter de	19_86		_, , , _		lote and hour and from	the couses stoted
obove, (I) (we) (did)(did	not) view the body after de	oth.	DEGREE				ATE SIGNED
A.m.	Nazem	i MA		ATTENDING	MEDICAL STA		4/86
22d PHYSICIAN'S NAME (TY			22e ADDRES		DIRECTOR PHYSI		1100
A.F. MAZEMI MD			100 N. BROADWAY, BALTIMORE,				2.21231
		22. NAME OF			123d LOCATION	THORE, HDZ	
230 BURIAL, CREMATION, REMOV	6-9-86	23c NAME OF C		CKEMATORY	CITY OR TOWN	OUNTY	MARYLAND
BURTAT.	DALIT	BALTIMORE BALTIMORE MARYLAND    1250 DATE RECOL BY REGISTRAND AND SECURITY OF THE PROPERTY OF					
THE CICK DIRECTOR				120 64	THE D. DI REGISTRA	THE PROPERTY OF THE PARTY OF TH	Williams

FUNERAL DIRECTOR

WM.C.MARCH FUNERAL HOME INC. ADDITION EAST NORTH AVELUNG 1855 FUNERAL HOME INC. ADDITION EAST NORTH EA

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPDRTANT, If hem 21 is